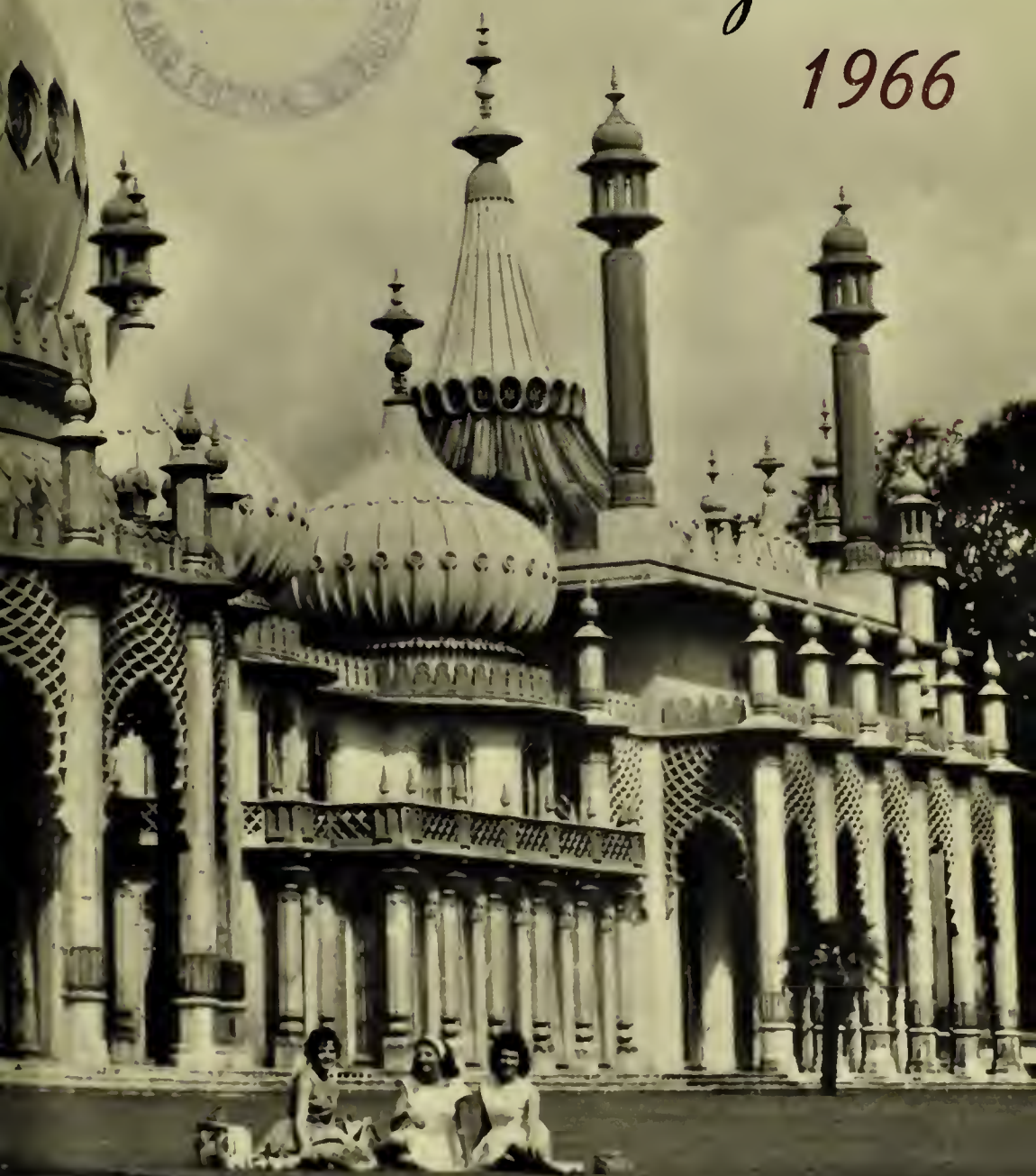


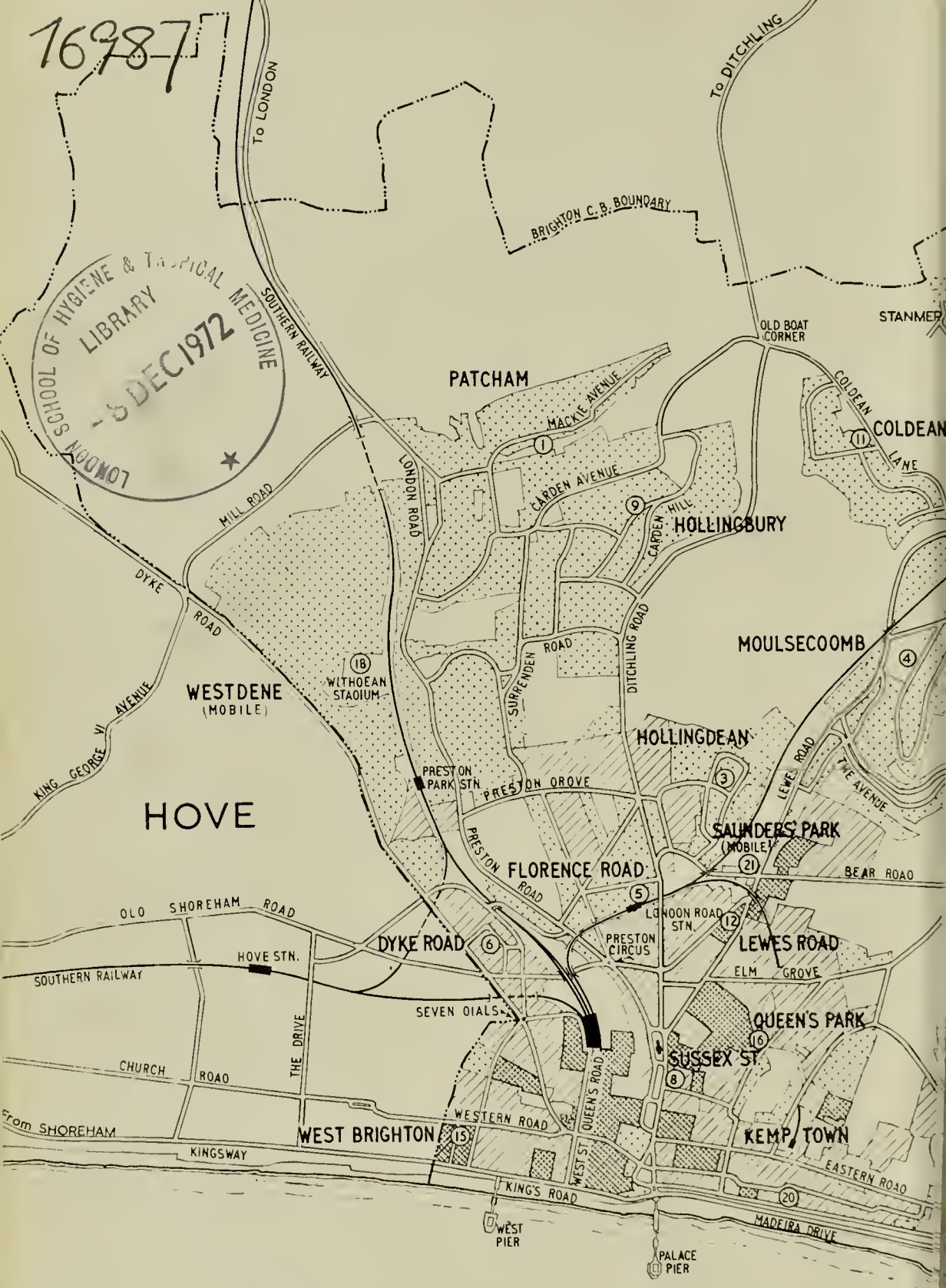
Ac. 44146

*The Health
of
Brighton
1966*



16987

LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE
LIBRARY
- 6 DEC 1972



SCALE OF MILES (Approximate)



F N B. PATTERSON,
R.S.C. AMICE M.M. MINE,
BOROUGH SURVEYOR, ENGINEER
AND PLANNING OFFICER,
BRIGHTON

Add.

COUNTY BOROUGH OF BRIGHTON



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL

SCHOOL MEDICAL OFFICER

FOR THE YEAR 1966

W. S. PARKER, V.R.D., M.B., Ch.B., D.P.H., D.I.H.

Health Department,
Royal York Buildings,
Old Steine,
Brighton,
Sussex, BN1 1NP.

Telephone : Brighton 29801

November 1967

*To the Mayor, Aldermen and Councillors of the
County Borough of Brighton*

LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report. The general health of the community has remained good throughout 1966.

The care of the mentally subnormal in Brighton has been improved during the year by the opening of the New England House Industrial Training Centre and also by the opening of the hostel for mentally subnormal children at 83 Beaconsfield Villas.

New England House represents a considerable positive contribution to the encouragement of self-respect and ability in the adult mentally subnormal. By creating a completely industrial environment it is now possible to prepare those who can take their place in the economic life of the community. The eighty places at New England House will be filled gradually as the links with industry expand and the industrial capacity of the Centre can be fully used. New England House will be operated in collaboration with Downs View where the main emphasis will be on junior training and the transition to adult work of those who can take advantage of the advanced work at New England House. The members of the Council will recall that in view of the facilities available Downs View Training Centre was recognised as a teaching centre for staff aspiring to the Diploma of the National Association for Mental Health. I am pleased to be able to report that in November 1966 the Ministry of Health inspected both Downs View and New England House and commented most favourably upon both establishments.

Throughout the year the emphasis has been on mental health and in June a very successful Mental Health Week was undertaken as part of a three year national campaign of further events scheduled for 1967/68. During the year the Council requested a comprehensive enquiry into all aspects of mental health in Brighton, to which reference is made elsewhere.

The medical administration of the department has been considerably disrupted throughout the year by reason of changes of senior staff. The Deputy Medical Officer of Health, Dr. Allen, resigned in December 1965 and was replaced by the appointment of Dr. Walker. In April 1966 the Senior Medical Officer, Dr. Bailey, who had stayed on as Acting Deputy during the interval between the departure of Dr. Allen and the arrival of Dr. Walker, left to take up an appointment of Deputy Medical Officer of Health elsewhere at a salary considerably in excess of that offered for the deputy appointment in Brighton.

In addition to the problems associated with the lack of a deputy, the Senior Medical Officer post could not be filled until July. Almost at the same time Dr. Spencer, Senior Assistant Medical Officer responsible for the Mental Health Service, retired leaving her administrative post vacant in October 1966. This vacancy was not filled until May 1967 despite repeated advertisement. At the same time Mr. Rasmussen retired from the post of Chief Administrative Mental Health Officer after 34 years' service: it was most fortunate that his post could be filled at once by the appointment of Mr. Meadwell from an area in Cheshire. I would pay tribute to the long and valuable services of these officers on retiring from the Department.

In spite of these gaps the new staff had to be taken away from their normal work and deployed to meet the demand of the Council for a comprehensive enquiry into all aspects of mental health in Brighton. The subsequent report of nearly a hundred pages is but a small indication of this extra task which fell on a new staff heavily involved in taking up their appointments.

The complex work of your department had to continue notwithstanding the above difficulties and in this connection a considerable extra burden was placed on your Chief Nursing Officer, Mrs. Beith, who had to carry an even heavier load of administration of the personal health services with a minimum of medical advice and support. It is due in no small measure to the resourcefulness, experience and energy of your Chief Nursing Officer that this, the major part of the work of the Health Department, was continued effectively during this period.

Under the circumstances, it is appropriate to draw the attention of the Council to the national problem of medical man-power in the local government service. At the present time one medical post in six in all County Boroughs is not filled. The reasons are quite clear to the profession at a time of national shortage of doctors. Young doctors will not wait for nearly ten years in local government for the financial rewards which they can get in general practice in three. They are aware that to progress to a higher and therefore better paid post in local government they must undertake an extra year of university study for the Diploma in Public Health, with consequent disruption of their married life. Finally it must not be forgotten that work abroad with better prospects attracts a large proportion of young doctors who might otherwise be available.

The only long-term solution appears to be the establishment of a small well-trained and well paid core of senior medical administrative staff and the employment and imaginative use of part-time women doctors who should be offered career prospects to match their family commitments and the stimulus of any necessary postgraduate courses.

In the common task of promoting the health of our townspeople grateful acknowledgment is made to the following for their help and collaboration:

The Chief Officers of the Corporation;

The family doctors of Brighton;

The hospital services and staff;

Dr. J. E. Jameson and the staff of the Public Health Laboratory;

Many voluntary associations in the town.

The main burden has however fallen on your own staff to whom I would pay unstinted tribute.

I conclude by thanking the Chairman and Members of the Health Committee for their encouragement and support which has greatly helped me in my work.

Yours faithfully,

W. S. PARKER,

Medical Officer of Health.

LIAISON WITH OTHER AUTHORITIES

The following appointments are held by the officers of the department:

Medical Officer of Health

Member of:

The Brighton and Lewes Hospital Management Committee.

St. Francis and the Lady Chichester Hospital Management Committee.

The General Medical Committee and the Obstetrics Committee of the Brighton Executive Council.

Representative of the Association of Municipal Corporations on the Central Council for Health Education.

Chief Nursing Officer

Deputy Chairman of the Public Health Committee of the Royal College of Nursing.

Member of:

The Council for the Training of Health Visitors.

The Public Health Nursing Liaison Committee.

Chief Public Health Inspector

Member of the Consumer Protection Sub-Committee of the Association of Municipal Corporations.

CONTENTS

	PAGE
MEMBERS OF COMMITTEES AND PUBLIC HEALTH OFFICERS	7
HEALTH COMMITTEE POWERS AND DUTIES	8
VITAL AND GENERAL STATISTICS	10
INFECTIOUS DISEASES	18
LOCAL HEALTH SERVICES & GENERAL INFORMATION ...	20
PHOTOGRAPHS	74
SANITARY ADMINISTRATION	81
SCHOOL HEALTH SERVICE (follows above)	

MEMBERS OF COMMITTEES ON 31st DECEMBER 1966

Health Committee

THE WORSHIPFUL THE MAYOR (ALDERMAN MRS. D. K. G. WATSON- MILLER, O.B.E., J.P.)	COUNCILLOR R. B. ROGER-JONES
ALDERMAN G. B. BALDWIN (Chairman)	„ Mrs. C. L. NETTLETON
„ R. BATES	„ A. E. POOLE
„ A. W. BRIGGS	„ Dr. A. SLESS
„ H. NETTLETON	„ Mrs. H. P. SOMERVILLE
„ A. V. NICHOLLS	Miss E. B. HYSLOP
COUNCILLOR J. ALLAN	Mr. M. A. GRIMES
„ Mrs. B. CARROLL	Mr. F. MARTIN
„ G. R. CARTER	Dr. L. J. BEYNON
„ J. CURRIE	Dr. H. G. PAGE
„ A. FELD	Mr. J. J. LOUGHRAN
„ G. W. HUMPHREY	Mr. M. J. GILKES
	Mr. R. H. COLEMAN-COHEN

Health (General Purposes) Sub-Committee

THE WORSHIPFUL THE MAYOR (ALDERMAN MRS. D. K. G. WATSON- MILLER, O.B.E., J.P.)	COUNCILLOR HUMPHREY
ALDERMAN BALDWIN	„ Mrs. NETTLETON (Chairman)
„ NETTLETON	„ Dr. SLESS
COUNCILLOR Mrs. CARROLL	„ Mrs. SOMERVILLE
„ CARTER	Miss E. B. HYSLOP
„ CURRIE	Dr. L. J. BEYNON
	Mr. R. H. COLEMAN-COHEN

Public Health Officers

Medical Officer of Health:

W. S. PARKER, *V.R.D.*, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.I.H.

Deputy Medical Officer of Health:

P. J. C. WALKER, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. (from 1st March)

Senior Medical Officer:

A. G. BAILEY, M.B., Ch.B., D.P.H. (resigned 17th April)

P. M. BROWN, M.B., B.Ch., D.P.H. (from 1st July)

Senior Assistant Medical Officer of Health:

MARGARET GORDON SPENCER, M.A., M.R.C.S., L.R.C.P., D.P.H. (retired 16th October)

Assistant Medical Officers of Health:

ANNE B. COWAN, L.R.C.P., L.R.C.S. (from 10th January)

*DORIS J. BLACK, B.A., M.B., B.Ch., B.A.O.

*MURIEL G. WARREN BROWNE, M.B., Ch.B.

*BERYL P. EADIE, B.Sc., M.B., B.Ch.

*MARY M. HAY, L.R.C.P., L.R.C.S., L.R.F.P.S.

*DAPHNE M. HUNT, M.B., B.Chir., M.R.C.S., L.R.C.P.

*ELSPETH MORRISON, M.B., B.S., M.R.C.S., L.R.C.P.

*BARBARA J. NEWMAN, M.B., B.S.

Senior Consultant Chest Physician: G. H. C. WALMSLEY, M.B., Ch.B., D.P.H.

Consultant Chest Physician: F. B. MEADE, M.B., B.S., M.R.C.P.

Public Analyst: *T. E. RYMER, F.R.I.C.

Veterinary Officer: *J. S. J. LAUDER, M.R.C.V.S.

Chief Public Health Inspector: R. S. CROSS, F.R.S.H., F.S.I.A.

Chief Nursing Officer: Mrs. E. BEITH, S.R.N., S.C.M. (Part 1), H.V.Cert.

Superintendent Midwife: Mrs. M. WOOD, S.R.N., S.C.M.

Chief Administrative Mental Health Officer: { T. RASMUSSEN (retired 17th September)
L. MEADWELL, S.R.N., Q.N. (from 1st September)

Chief Ambulance Officer: A. J. SUMPTER, F.I.A.O.

Health Education Organiser: Mrs. Q. H. ROLFE, S.R.N., S.C.M. (Part 1), H.V.Cert.

Dip. Health Education (from 1st August)

Domestic Help Supervisor: Miss M. I. HUMPHERSON

Chief Clerk: R. ASPDEN, D.P.A.

*Part-time

HEALTH COMMITTEE

Delegated Powers

1. Pursuant to Part II of the Fourth Schedule to the National Health Service Act 1946, all the powers and duties of the Council as local health authority under the National Health Service Acts 1946-1961, the National Health Service (Amendment) Act 1957, and the Mental Health Act 1959.

2. All the powers and duties of the Council under:—

- (a) The Public Health Act 1936: Sections 39 drainage and 44-52 (sanitary conveniences, drains and cesspools); 75 (provision of dustbins); 79-82 (noxious and offensive matter); 83-86 (filthy or verminous premises, articles and persons); 89 (sanitary conveniences at inns etc.); Part III (nuisances and offensive trades); Sections 138, 140 and 141 (water); Part V (disease); Sections 187-195 (nursing homes); Sections 196 and 198 (provision of laboratories and mortuaries); Section 203 (notification of certain births); Section 205 (employment of women in factories, etc.); Part IX (common lodging houses) and Sections 259-261 (water-courses, ditches etc.);
- (b) The Food and Drugs Act 1955 (except Part III—provision and regulation of markets and Sections 70-73 and 81);
- (c) The Midwives Acts 1936 and 1951;
- (d) The Brighton Corporation Act 1931: Sections 230-235 (slaughter houses); Sections 354, 355, 357-364 (drains and sanitary conveniences); Sections 367-388 and 395-397 (infectious disease and sanitary matters); Part XXI (human food) and Sections 534 and 536 (certain nuisances); the Brighton Corporation Act 1936: Section 29 (nuisance from pigeons); and the Brighton Corporation Act 1948: Section 47 (as to decorative repair of working-class houses) so far as affects notices served under Section 93 of the Public Health Act 1936, Part VII (infectious diseases and sanitary provisions) and Part VIII (food);
- (e) The Shops Acts 1950 to 1965 and Part I of the Young Persons (Employment) Act 1938;
- (f) The Diseases of Animals Act 1950;
- (g) Factories Act 1961, except the powers and duties of the Council as Fire Authority;
- (h) Fabrics (Misdescription) Act 1913;
- (i) The Prevention of Damage by Pests Act 1949;
- (j) Rag Flock and Other Filling Materials Act 1951;
- (k) Slaughterhouses Act 1958, and Slaughter of Animals Acts 1933 to 1954;
- (l) Merchandise Marks Act 1958;
- (m) Pharmacy and Poisons Acts 1852-1941; Pharmacy and Poisons (Amendment) Act 1964;
- (n) Cancer Act 1939, Section 4 (institution of proceedings);
- (o) Prevention of Damage by Rabbits Act 1939;
- (p) Riding Establishments Act 1964;
- (q) Nurses Agencies Act 1957;
- (r) Nurseries and Child Minders Regulation Act 1948;
- (s) Pet Animals Act 1951;
- (t) Agricultural Produce (Grading and Marking) Acts 1928-1931;
- (u) Fertilisers and Feeding Stuffs Act 1926;
- (v) Mines and Quarries Act 1954; Part XIII;
- (w) The Brighton Corporation Act 1954: Section 28 (as to defective premises) and Section 29 (registration of premises used for sale of certain frozen liquids);
- (x) The Clean Air Act 1956, except so far as it relates to the control of new buildings;
- (y) Agriculture (Safety, Health and Welfare Provisions) Act 1956 (Sanitary conveniences for agricultural workers);
- (z) Fishing Industry Act 1933, as amended by the Sea Fish Industry Act 1938 and the Sea Fish Industry Act 1959;
- (aa) Noise Abatement Act 1960;
- (ab) Brighton Corporation Act 1960, Section 13 (Disposal of lost and uncollected property) so far as it relates to property under the control of the committee;
- (ac) Public Health Act 1961: Sections 17, 18, 20, 21 (Drains and sanitary conveniences), 26 (Defective premises), 32 (Food storage in existing houses), 35-37 (Filth and vermin), 38-42 (Prevention and notification of disease), 72 (Discharge of steam), 74 (Powers as to pigeons) and 77 (Byelaws as to hairdressers and barbers);
- (ad) Home Safety Act 1961;

- (ae) The Offices, Shops and Railways Premises Act 1963 (except Sections 28-41);
- (af) The Animal Boarding Establishments Act 1963;
- (ag) The Licensing Act 1964; Sections 44 and 45 (Inspection of premises).

Legislation under which duties are carried out, (a) for the Housing Committee:—

- Housing Act 1949.
- Housing Act 1957.
- Housing (Underground Rooms) Act 1959.
- House Purchase and Housing Act 1959.
- Housing Act 1961.
- Housing Act 1964.
- Slum Clearance (Compensation) Act 1956.
- Housing (Financial Provisions) Acts 1958 and 1959.
- Underground Room Regulations, made by the Council in 1962 under the Housing Act 1957.
- Housing (Management of Houses in Multiple Occupation) Regulations 1962.
- Housing (Prescribed Forms) Regulations 1957 to 1966.
- Housing (Repairs and Rents) Act 1954.
- The Rent Act 1957.
- The Rent Act 1965.
- Rent Restriction Regulations 1957.
- Protection from Eviction Act 1964.
- Landlord and Tenant Act 1962.
- Section 47, Brighton Corporation Act 1948.
- Standards for houses in multiple occupation made under the Housing Act 1961, and approved by the Council in 1963.

(b) for the Planning Committee:—

- Declaration of Unfitness Orders under the Land Compensation Act 1961.
- Town and Country Planning Act 1962, under which reports are made regarding loss of residential accommodation.
- The Building Regulations, 1965.

VITAL AND GENERAL STATISTICS 1966

Home population Mid-year (Registrar-General's estimated figure)	162,500
Area (in acres)	14,613
Number of houses and flats (including dwellings over shops) at 1st April 1966	56,302
Rateable value of Borough at 1st April 1966	£11,323,285
Product of the rate of one penny 1966	£45,999
Marriages, 1,359. Rate per 1,000 population, 8.36.	

Live births:						Males	Females	Total
Legitimate	...	...	...	...	...	1072	1004	2076
Illegitimate	...	...	...	...	...	182	176	358
						1254	1180	2434

						Area comparability factor (births)		Adjusted birth rate
Live birth rate (per 1,000 population)	...	...	...	...	...	14.98	1.11	16.63
" " " (England and Wales)	...	...	...	...	...	17.7		

						Rate per 1000 (live and still) births	
Stillbirths—total	...	...	...	...	...	28	11
" " (England and Wales)	...	...	...	...	...		15

Total live and stillbirths	...	...	...	...	...	...	...	2462
Infant deaths (legitimate 39; illegitimate 9)	...	...	...	...	...	...	...	48
Infant mortality rate per 1,000 live births—total	...	...	...	...	...	...	...	20
" " " " " (England and Wales)	...	...	...	...	...	...	...	19
" " " " " legitimate live births	...	...	...	...	...	...	...	19
" " " " " illegitimate live births...	...	...	...	...	...	...	...	25
Neonatal mortality rate per 1,000 live births	...	...	...	...	...	...	...	13
" " " " " " (England and Wales)	...	...	...	...	...	...	...	12.9
Early neonatal mortality rate per 1,000 live births	...	...	...	...	...	...	...	11
" " " " " " (England and Wales)	...	...	...	...	...	...	...	11
Perinatal mortality rate per 1,000 live and still births	...	...	...	...	...	...	...	22
" " " " " " (England and Wales)	...	...	...	...	...	...	...	26
Illegitimate live births per cent of total live births	...	...	...	...	...	...	...	14.7
Maternal deaths (including abortion)	...	...	...	...	...	...	...	—
Maternal mortality rate per 1,000 live and still births	...	...	...	...	...	...	...	—
" " " " " " (England and Wales)	...	...	...	...	...	...	...	0.05

						Area comparability factor (deaths)		Adjusted death rate
Deaths	...	...	...	...	...	2523		
Death rate (per 1,000 population)	...	...	...	...	...	15.53	0.71	11.02
" " (England and Wales)	...	...	...	...	...	11.7		

Causes of Death (Registrar General's Return)

							Males	Females	Total
1	Tuberculosis of Respiratory System ...	...	...	...	...	...	7	—	7
2	Other forms of Tuberculosis ...	...	...	...	...	...	—	—	—
3	Syphilitic Disease ...	...	...	...	...	...	4	1	5
4	Diphtheria ...	...	...	...	...	...	—	—	—
5	Whooping Cough ...	...	...	...	...	...	—	—	—
6	Meningococcal Infections ...	...	...	...	...	...	—	—	—
7	Acute Poliomyelitis ...	...	...	...	...	...	—	—	—
8	Measles ...	...	...	...	...	...	—	1	1
9	Other infective and parasitic diseases ...	...	...	...	...	...	2	1	3
10	Malignant Neoplasm of Stomach ...	...	...	...	...	...	31	31	62
11	Malignant Neoplasm of Lung or Bronchus ...	...	...	...	...	...	102	38	140
12	Malignant Neoplasm of Breast ...	...	...	...	...	...	—	46	46
13	Malignant Neoplasm of Uterus ...	...	...	...	...	...	—	24	24
14	Other malignant and lymphatic neoplasms ...	...	...	...	...	...	110	141	251
15	Leukaemia and Aleukaemia ...	...	...	...	...	...	8	6	14
16	Diabetes ...	...	...	...	...	...	6	11	17
17	Vascular lesions of nervous system ...	...	...	...	...	...	138	270	408
18	Coronary disease, Angina ...	...	...	...	...	...	299	199	498
19	Hypertension with heart disease ...	...	...	...	...	...	13	25	38
20	Other heart disease ...	...	...	...	...	...	93	178	271
21	Other circulatory disease ...	...	...	...	...	...	32	50	82
22	Influenza... ...	...	...	...	...	...	3	4	7
23	Pneumonia ...	...	...	...	...	...	78	99	177
24	Bronchitis ...	...	...	...	...	...	88	31	119
25	Other diseases of respiratory system ...	...	...	...	...	...	11	10	21
26	Ulcer of stomach and duodenum ...	...	...	...	...	...	12	10	22
27	Gastritis, enteritis and diarrhoea ...	...	...	...	...	...	4	3	7
28	Nephritis and nephrosis ...	...	...	...	...	...	6	1	7
29	Hyperplasia of prostate ...	...	...	...	...	...	12	—	12
30	Pregnancy, childbirth, abortion ...	...	...	...	...	...	—	—	—
31	Congenital malformations ...	...	...	...	...	...	5	13	18
32	Other defined and ill-defined disease... ...	...	...	...	...	...	60	89	149
33	Motor vehicle accidents ...	...	...	...	...	...	10	9	19
34	All other accidents ...	...	...	...	...	...	20	51	71
35	Suicide ...	...	...	...	...	...	11	15	26
36	Homicide and operations of war ...	...	...	...	...	...	1	—	1
All causes ...							1166	1357	2523

Deaths in Age Groups


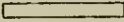
Age groups	Under 1	1-4	5-14	15-24	25-44	45-64	65-74	75+	Total
Totals	48	4	11	11	47	483	635	1284	2523

Cancer of lung. Persons dying of lung cancer expressed as a percentage of all deaths due to malignant disease including leukaemia: male 19%, female 7%.

Details of cancer and bronchitis deaths in the area are circulated monthly to members of the Health Committee and General Practitioners.

DEATHS OF INFANTS

RATE PER 1,000 ADJUSTED LIVE BIRTHS

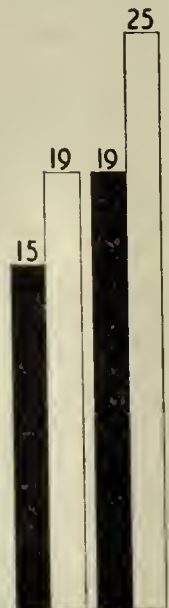
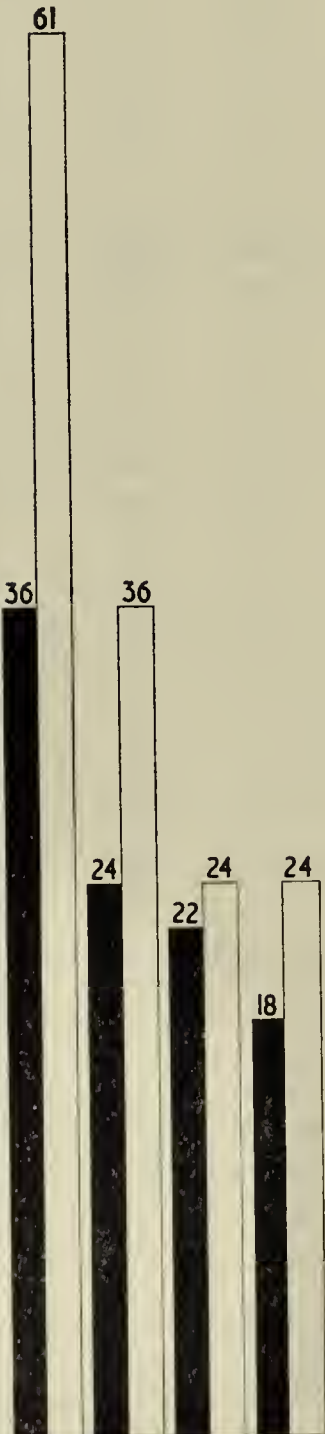
LEGITIMATE 
ILLEGITIMATE 

QUINQUENNIAL AVERAGES

ANNUAL FIGURES

1946 - 1950
1951 - 1956
1956 - 1960
1961 - 1965

1965
1966



INFANT MORTALITY

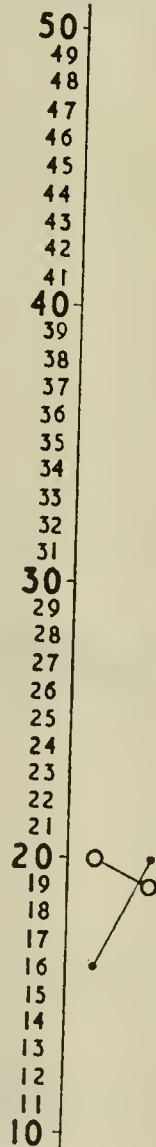
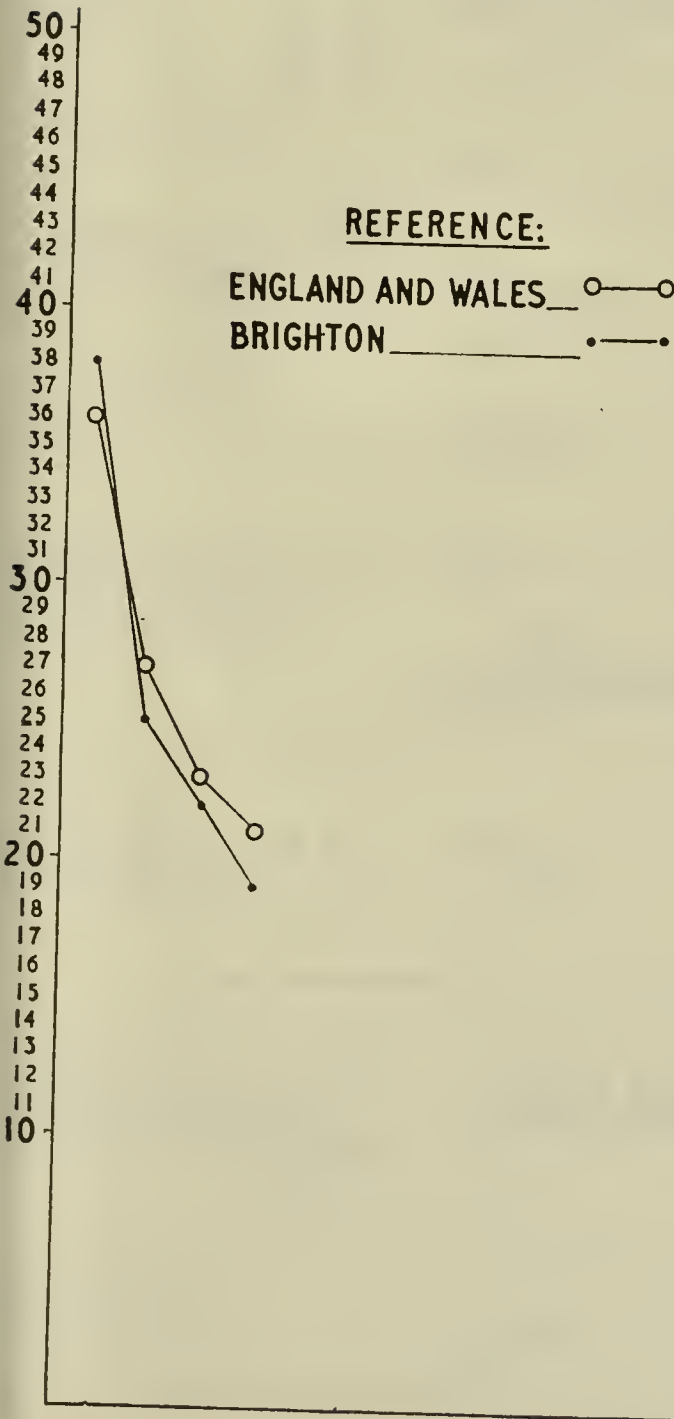
RATE PER 1,000 ADJUSTED LIVE BIRTHS

QUINQUENNIAL AVERAGES

1946 - 1950
1951 - 1955
1956 - 1960
1961 - 1965

ANNUAL FIGURES

1965
1966



CHILD WELFARE CENTRES:
20 20
No. OF HEALTH VISITORS:
21 21

DEATH RATES CHANGES

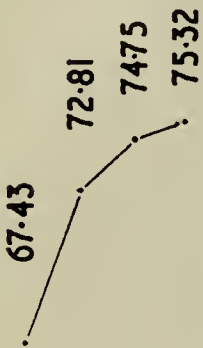
QUINQUENNIAL AVERAGES

ANNUAL FIGURES

1946 - 1950
1951 - 1955
1956 - 1960
1961 - 1965

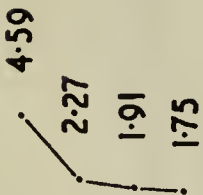
1965
1966

DEATHS 65 YEARS AND OVER EXPRESSED AS PERCENTAGE OF TOTAL DEATHS



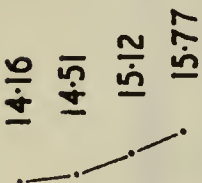
76.28
76.06

DEATHS OF INFANTS EXPRESSED AS PERCENTAGE OF TOTAL DEATHS



1.45
1.90

DEATH RATE PER THOUSAND POPULATION



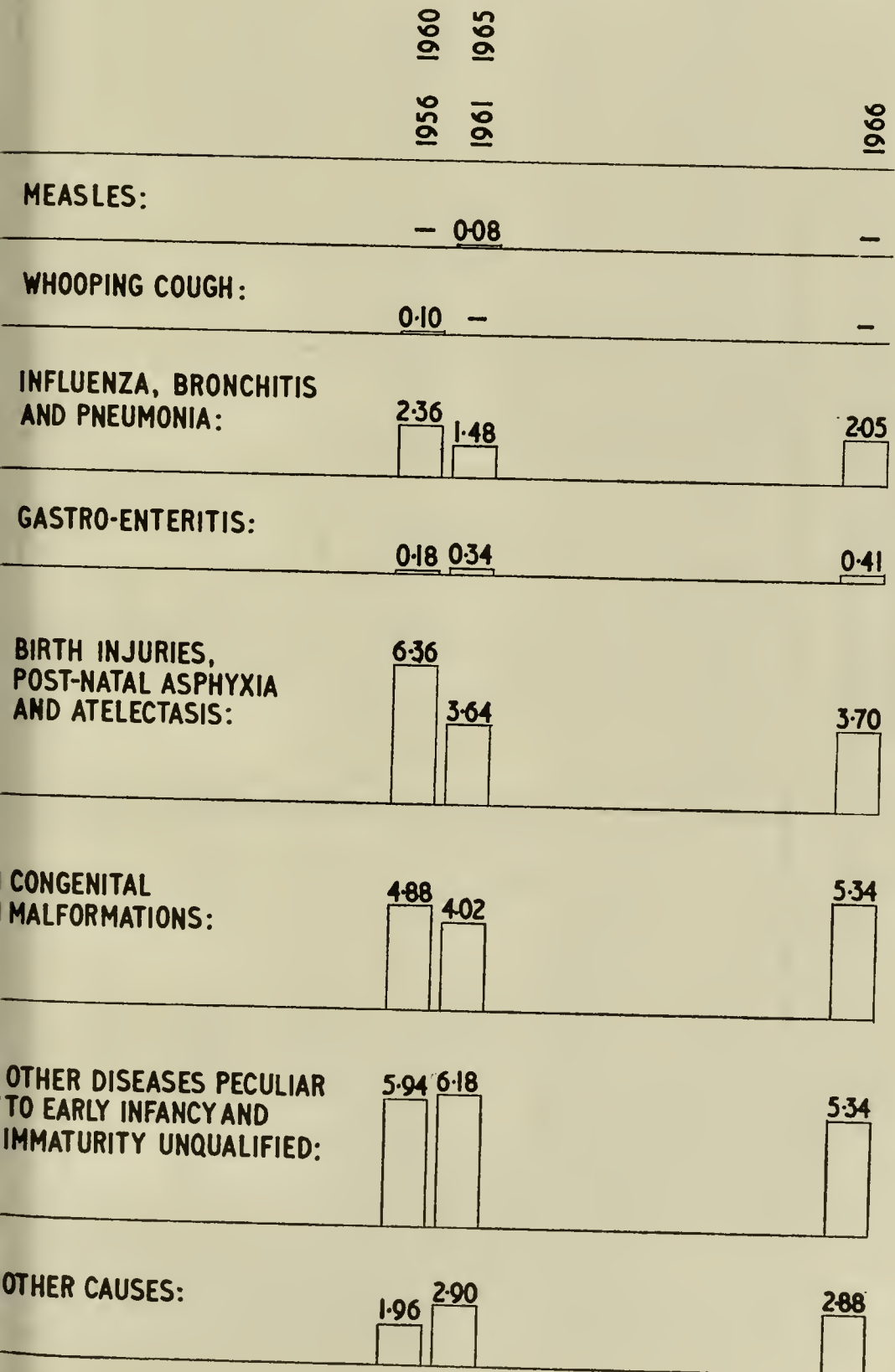
16.11
15.53

INFANT MORTALITY

RATE PER 1,000 ADJUSTED LIVE BIRTHS

QUINQUENNIAL AVERAGES

ANNUAL FIGURES



INFANT MORTALITY 1966

Nett Deaths from stated causes at various ages under One Year of Age

CAUSE OF DEATH	Under 1 Week		1-2 Weeks		2-3 Weeks		3-4 Weeks		Total under 4 Weeks		1-2 Months		2-3 Months		3-6 Months		6-9 Months		9-12 Months		Total Deaths under one Year
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
	1		1						1												
Haemorrhagic Conditions	1								1												1
Inflammatory Diseases of Central Nervous System ...			1						1												1
Diseases of the Ear and Mastoid Process																1			1		2
Pneumonia													1	1	1	1					4
Bronchitis... ..															1						1
Gastro-Enteritis																1					1
Spina Bifida and Meningocele		1								1						1					2
Congenital Hydrocephalus		1								1											1
Congenital Malformations of Heart		1	1							1				1				1			4
Other Congenital Malformations		1								1			1		1	2	1				6
Injury at Birth	3	2							3	2											5
Post-Natal Asphyxia and Atelectasis	2								2												2
Pneumonia of Newborn		1				1				2											2
Immaturity	3	6		2					3	8											11
Obstruction by Inhalation or Ingestion												1									1
All Other Causes...	1	3							1	3											4
	10	16	2	2		1			12	19		1	2	2	3	4	2	1	1	1	48

Diseases Notified during the Year 1966

NOTIFIABLE DISEASE	At all ages	Under 1	Age Incidence								No. cases (not necessarily notified during year) Removed to Isolation Hospital
			1	2	3	4	5-9	10-14	15-24	25+	
Scarlet fever ...	91	—	2	9	8	18	41	5	7	1	4
Whooping cough ...	35	3	1	3	5	6	12	3	1	1	1
Ac. poliomyelitis:	—	—	—	—	—	—	—	—	—	—	—
paralytic ...	—	—	—	—	—	—	—	—	—	—	—
non-paralytic... ..	—	—	—	—	—	—	—	—	—	—	—
Measles ...	495	27	56	58	65	66	201	9	7	6	6
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum ...	2	2	—	—	—	—	—	—	—	—	—
Puerperal pyrexia...	24	—	—	—	—	—	—	—	16	8	—
Dysentery ...	14	4	—	1	2	—	3	—	1	3	—
Meningococcal infection ...	2	1	—	—	—	—	1	—	—	—	—
Smallpox ...	—	—	—	0-5	5-14	15-44	45-64	65+	—	—	—
Ac. pneumonia ...	44	—	—	5	4	9	14	12	—	—	4
Ac. encephalitis	—	—	—	—	—	—	—	—	—	—	—
(infective) ...	—	—	—	—	—	—	—	—	—	—	—
Enteric or typhoid fever ...	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid fevers ...	2	—	—	1	—	—	—	1	—	—	2
Erysipelas ...	4	—	—	—	—	1	1	2	—	—	1
Malaria ...	—	—	—	—	—	—	—	—	—	—	—
Food poisoning ...	31	—	—	3	10	9	7	2	—	—	2
Tuberculosis (see page 55)	—	—	—	—	—	—	—	—	—	—	—
Anthrax ...	—	—	—	1	—	—	—	—	—	—	—
Infective Hepatitis ...	44	—	—	—	10	22	9	2	—	—	11

INFECTIOUS DISEASES AND EPIDEMIOLOGY

Incidence

The table on page 17 shows the number of cases of each infectious disease notified during the year, classified by age groups, and the number of cases removed to Foredown Isolation Hospital.

The table appended gives a comparison between the numbers of cases notified during 1966 and those notified in 1965.

Scarlet Fever

91 cases were notified as compared with 70 in 1965 and 87 in 1964. The disease was generally mild in character and most cases responded favourably and quickly to oral penicillin treatment. Usually all symptoms have disappeared and the patient is fit to return to school or work at the end of one week.

In addition to the 91 cases of scarlet fever, the majority of whom were notified on clinical evidence, reports were received from the Public Health Laboratory Service of 89 cases from whom Haemolytic Streptococcus, Group A, was isolated in nasal and/or throat swabs. These are investigated and dealt with as for scarlet fever.

13 nurses, teachers or food handlers were excluded from work until negative swabs were obtained.

An outbreak of Streptococcus pyogenes, Type 1 occurred in a local residential school. Nasal and throat swabs were taken of the 101 children and staff and 14 were found to be infective. These were either admitted to the Isolation Hospital or sent to their homes for treatment, and the outbreak then quickly subsided.

Typhoid Fever

No case of typhoid fever was notified during the year.

One suspected case, a native of Sudan, developed symptoms indicative of typhoid fever, within a few days of arrival in this country. She was admitted to Foredown Isolation Hospital and all known contacts kept under daily observation, but it was ultimately decided that the case was not one of typhoid fever.

Paratyphoid Fever

Two cases of paratyphoid fever B occurred during the year.

Dysentery

The incidence of this disease was low, only 14 sporadic cases of confirmed Sonnei dysentery being notified as compared with 102 in 1965. One child aged 3 months died from the disease. The source of infection could not be traced in this case, specimens from all known contacts proving negative.

In addition, stool specimens were taken from 85 reported cases of gastroenteritis, but in no case was any bacterial infection (dysentery or food poisoning) found.

It is hoped that a rigid adherence to the policy of excluding all cases of diarrhoea from infants and junior schools for a period of seven days, and the practice of proper hand-washing after visiting the W.C., will keep the incidence of this highly infectious disease low.

Food Poisoning

Cases notified and confirmed bacteriologically numbered 31. The causative organisms isolated were:

Salmonella

typhi-murium	...	...	...	8
thompson	...	...	...	1
infantis	...	...	...	2
panama	...	...	...	4
nagoya	...	...	...	1
<i>Clostridium Welchii</i>	...	...	...	15

Five of the *Salmonella* infections were contracted abroad, and one was associated with an outbreak in Hove.

Five cases of *Clostridium Welchii* poisoning occurred in a private school and apparently resulted from the eating of re-heated steak pie. Four other cases occurred in a small hotel and were apparently associated with a home cooked ham left for a lengthy period at kitchen temperature. Five cases occurring in a private household were thought to be associated with the eating of tinned spam. All of these assumptions were, however, based on circumstantial evidence only, none of the suspected foods remaining by the time the outbreaks were reported to the Department.

In addition to the above-mentioned cases, all of which were confirmed bacteriologically, 74 cases of suspected food poisoning were reported and investigated. Stool specimens from the patients and samples of any suspected foods remaining, were submitted to the Laboratory for examination but no bacteriological evidence of food poisoning was found. This does not eliminate the possibility that some of the cases were due to food poisoning, but it is felt that the majority were due to epidemic winter vomiting. The explosive nature of some outbreaks of this virus infection, often causing whole families, hotel parties, etc. to develop symptoms similar to those of food poisoning, all within an hour or two of each other, naturally gives rise to the fear that food poisoning is the cause. Inability to obtain any bacteriological confirmation of the latter, coupled frequently with lack of any common food factor amongst those affected, does point, however, to the virus infection being the cause of some outbreaks. Whatever the cause of an outbreak may be, full use is made of the propitious moment to emphasize the need for strict adherence to the rules of food hygiene, usually with very good results.

Diphtheria

No case of diphtheria has occurred in Brighton since 1963.

Poliomyelitis

Brighton has remained free from poliomyelitis since 1961. Immunisation against poliomyelitis is mentioned elsewhere in this report.

Whooping Cough

The incidence of whooping cough remained low, no doubt due to the programme carried out of immunisation of infants and pre-school children.

Infective Hepatitis

Although the number of cases notified was low, i.e. 44 as compared with 61 in 1965 and 159 in 1964, the study of this disease continues. It is hoped that Medical Practitioners and Medical Officers to Hospitals and other Institutions will continue to report any cases coming to their notice.

Measles

Following its usual pattern, the incidence of measles fell to 495 in 1966. The incidence is high in alternate years.

1962, 260; 1963, 2057; 1964, 671; 1965, 2075; 1966, 495.

Ophthalmia Neonatorum

The incidence of this disease continues to fall.

1963, 8; 1964, 6; 1965, 5; 1966, 2.

Disease	1966	1965	Disease	1966	1965
Scarlet fever... ..	91	70	Measles	495	2075
Poliomyelitis	—	—	Puerperal pyrexia	24	17
Acute pneumonia	44	34	Ophthalmia neonatorum	2	5
Paratyphoid... ..	2	—	Dysentery	14	102
Enteric or typhoid fever	—	1	Food poisoning	31	21
Whooping cough	35	30	Acute encephalitis	—	1
Diphtheria	—	—	Meningococcal infection	2	3
Malaria	—	—	Infective hepatitis	44	61
Erysipelas	4	6			

Venereal diseases

New local cases treated at the Brighton Special Treatment Centre.

	1966		1965	
	M.	F.	M.	F.
Syphilis... ..	19	2	13	4
Gonorrhoea	138	41	165	59
Other conditions	148	43	178	63
	262	126	259	109

The total number of patients attending the Brighton Centre for the first time was 1224.

The Deputy Medical Officer of Health continues to serve on the sub-committee of the Brighton and Mid-Sussex Division of the British Medical Association which is examining the increase of venereal disease among young persons.

The Health Committee informed the Brighton and Mid-Sussex Division of the British Medical Association that they supported the proposed setting up of a committee to deal with the problems of youth and family life.

CARE OF MOTHERS AND YOUNG CHILDREN

Dr. P. M. BROWN, Senior Medical Officer

The system of reporting congenital malformations recognizable at birth to the Registrar General was continued during the year. Forty-three such malformations were recognized amongst a total of 30 children, nine of which were either stillborn or died a few hours after birth. It should be mentioned that such notifications are confined to obvious malformations observed at birth and do not include congenital abnormalities diagnosed at a later date.

The keeping of a register of children who are "At Risk" of becoming handicapped, which was commenced in 1964, continued in operation during the year. At the end of 1966, a total of 906 children were on the register. Of these 610 were under one year old, and the remaining 296 were aged between one and four years. As will be seen from the above figures, a comparatively large number of children are notified during the first year of life, this is because the majority of

reasons which indicate that a child is "At Risk" are noted either before or soon after birth. When a child reaches its first birthday, the progress of the child is reported by the district health visitor and clinic medical officer, and a decision is made as to the necessity for that child to remain on the "At Risk" register. Children who are obviously developing normally have their names deleted from the register at this stage.

At long last work commenced on the building of the new Day Nursery and Child Welfare Centre at Sussex Street on the 5th December, 1966; the contract period being twelve months. It is to be hoped, therefore, that the premises will be in operation early in 1968. Progress was also made during 1966 on the proposed new mobile clinic. It is intended that the new vehicle will be in operation in the Spring of 1967.

The number of part-time medical officers was increased during the year in order to incorporate a system of reserve medical officers for staffing clinics. It was found that particularly during the school holiday period the availability of medical staff for child welfare clinic duties was at a premium. It is to be hoped that in 1967 the extra staff available will improve the situation.

During the year two meetings of child welfare and school medical officers were held. In March, 1966, the meeting was held at the "18 Club", at 18 Preston Park Avenue, Brighton, and in December the venue was the Industrial Training Unit at New England House. At these meetings various items dealing with clinic and departmental work were discussed giving the medical officers an opportunity of meeting each other and airing their views. The idea of holding the meetings in various health department establishments gives the medical officers an opportunity of touring these premises.

VACCINATION AND IMMUNISATION

Smallpox Vaccination

Record cards were received for 1,969 persons.

	Under 1 Year		1 Year		2-4 Years		5-15 Years		Total Under 16 Years	
	No.	%	No.	%	No.	%	No.	%	No.	%
Primary given by Family Doctors	93	3.9	263	10.9	122	1.7	126	0.4	604	1.6
Primary given at Child Welfare Centres	105	4.4	834	34.8	139	1.9	19	0.1	1097	2.9
TOTAL PRIMARY	198	8.2	1097	45.7	261	3.6	145	0.5	1701	4.4
Revaccinations by Family Doctors	—	—	3	0.1	21	0.3	231	0.9	255	0.7
Revaccinations at Child Welfare Centres	—	—	—	—	6	0.1	7	—	13	—
TOTAL REVACCINATIONS	—	—	3	0.1	27	0.4	238	0.9	268	0.7

The table shows that most of the primary vaccinations have been given at the Child Welfare Centres and most revaccinations were given by the family doctors. A slight increase in the number of primary vaccinations and revaccinations was probably due to an outbreak of variola minor in the Midlands. Holidaymakers travelling abroad were compelled to show a valid international certificate of smallpox vaccination before entering several European countries.

Smallpox vaccinations and revaccinations given to persons over the age of 16 are not recorded, but while the restrictions on travel in Europe were enforced several thousand international certificates were issued and stamped to verify the doctor's signature.

Anthrax Vaccination

Anthrax vaccinations were given to 22 employees at the Public Abattoir in Hollingdean Road. 11 of these also received primary tetanus immunisation and 1 received a tetanus booster injection; 4 employees are receiving anthrax and tetanus primary injections but have not yet completed the course.

Anthrax vaccination was also offered to the employees at the knacker's yard but was not accepted.

Diphtheria/Tetanus/Whooping Cough and Poliomyelitis Immunisations

Vaccine	Under 1 Year	1 Year	2-4 Years	5-15 Years	Total Under 16 Years
Diphtheria/Tetanus/Whooping Cough Primary	1811	209	105	18	2143
Diphtheria/Whooping Cough Primary	—	—	—	—	—
Diphtheria/Tetanus Primary	—	2	11	105	118
Diphtheria Primary	—	—	1	1	2
Whooping Cough Primary	—	—	—	—	—
Tetanus Primary	—	—	5	28	33
Sabin Oral Polio Primary	2007	383	232	179	2801
Diphtheria/Tetanus/Whooping Cough Booster	9	773	332	137	1251
Diphtheria/Whooping Cough Booster	—	1	—	—	1
Diphtheria/Tetanus Booster	3	17	227	2727	2974
Diphtheria Booster	—	1	1	72	74
Whooping Cough Booster	—	—	—	1	1
Tetanus Booster	—	—	1	34	35
Sabin Oral Polio Booster	4	668	1329	690	2691
Salk Polio	—	—	—	1	1

Most of the immunisations with diphtheria/tetanus/whooping cough tripl antigen were given at the Child Welfare Centres, but most of the diphtheria tetanus vaccine was given to school children by the School Medical Officers at schools and at the weekly clinic which is held at the School Clinic every Thursday afternoon.

Most oral polio primary doses and boosters at 18 months were given at Child Welfare Centres but most boosters at 4½-5 years were given at the Polio Vaccination Clinic and the schools.

The family doctors have also given primary and booster immunisations and vaccinations.

Poliomyelitis Vaccination

Sabin oral polio vaccine has been given on a sugar lump to patients, but infants have been given the vaccine in Syrupus B.P. during most of the year.

Rose Hip Syrup replaced the Syrupus B.P. at the Child Welfare Centres in December.

Salk vaccine has been requested by general practitioners on a few occasions. Only one booster dose was notified, and it is assumed therefore that the other doses were not given to persons under the age of 16 years.

Completion of primary course of three oral doses

Year of Birth	General Practitioners	Poliomyelitis Vaccination Clinic	Child Welfare Centres	School Clinic	Totals
1966	174	—	813	—	987
1965	311	5	949	—	1265
1964	93	2	108	—	203
1963	43	1	44	—	88
1959-62	73	19	62	8	162
Others Under 16	38	44	8	6	96
Totals	732	71	1984	14	2801

During the summer term the School Medical Officers commenced giving oral polio vaccinations with the diphtheria/tetanus immunisations at the schools and at their weekly vaccination clinic held at the School Clinic, Sussex Street. The 4 primary courses listed above and the 469 boosters listed below were given by the School Medical Officers.

Boosters of Oral Polio Vaccine

Year of Birth	General Practitioners	Poliomyelitis Vaccination Clinic	Child Welfare Centres	School Clinic	Totals
1966	—	—	—	—	—
1965	28	—	260	—	288
1964	49	—	505	—	554
1963	18	—	94	2	114
1959-62	208	640	338	396	1582
Others Under 16	45	24	13	71	153
Totals	348	664	1210	469	2691

The total number of booster polio vaccinations has increased by 960 more than last year. There are two reasons for the increase. There were more boosters given at 18 months because this was the first complete year in which these boosters have been given. The second reason for the increase appears to be the polio vaccinations given by the School Medical Officers, but the numbers attending the Polio Vaccination Clinic decreased making a net increase of 220 polio vaccinations for children over 5 years old.

Vaccination and Immunisation of Children

The following table shows the percentages vaccinated for this authority together with the equivalent national figures:

	Children born in 1965			Smallpox (Children under 2) (4)
	Whooping Cough (1)	Diphtheria (2)	Poliomyelitis (3)	
England and Wales... ..	72	73	68	38
Local Authority	80	80	78	54

The figures in columns (1), (2) and (3) are calculated to show the percentage of children born in 1965 who have been vaccinated at any time.

Column (4) includes only children who were vaccinated during 1966 and were under 2 years old at the time, and is calculated as a percentage of children born during 1965. This gives a reasonable estimate of the proportion of young children being vaccinated against smallpox.

Personal Immunisation Record Cards

The Child Welfare Centres give to parents an Infant Weight Record card which has a personal immunisation record on the back page.

Measles Vaccination

Two types of Measles vaccine are now available, an inactivated measles virus vaccine and a live attenuated measles virus vaccine.

The Local Medical Committee have been informed, but they did not consider measles vaccination should be given by family doctors as a routine measure at present.

Brighton Council was informed by the Ministry of Health on 21st July, 1966 that measles vaccination could be included in their arrangements under Section 26 of the National Health Service Act.

Only 4 notifications of measles vaccination have been received during the year.

B.C.G. Vaccination

See page 56.

Yellow Fever Vaccination

See page 58.

MATERNITY AND CHILD WELFARE

W. H. GARLAND, B.D.S., L.D.S., Principal Dental Officer

During the year 1966, 559 children aged 1-4 were dentally examined, of these 132 required treatment at their first examination during the year, and at subsequent examination a further 80 were found to require treatment. For children requiring treatment, 309 fillings were inserted, 155 teeth conserved by other means, 80 teeth were extracted and 43 general anaesthetics given.

In keeping with our policy of regular inspection, of the 559 children seen by the Dental Department during the year 313 were re-inspected.

With the great and in my opinion essential emphasis on early regular dental inspection of pre-school children, it is surprising to find the new statistics

return (L.H.5.27/7) required by the Ministry of Health does not wish information on the number of children re-inspected during the year or how many required treatment at re-inspection.

Much valuable work has again been performed by Health Visitors in persuading parents to bring their children to be dentally examined at as early age as possible. However, there are still many children in Brighton who do not have a dental examination until they attend school; a scheme for a 3 year old birthday card was thus instituted on November 1st, 1966. Under this scheme a birthday card (a copy is shown elsewhere in this report) is sent to each child in the Authority on its 3rd birthday and by means of a pre-paid postcard attached to the birthday card, parents are able to request an appointment for examination of their child by the Dental Department. The scheme having only been in operation for two months it is as yet too early to assess the response by parents.

Statistics for the Dental Service for Expectant and Nursing Mothers and Children under 5 years are shown below.

Part A. Attendances and Treatment

Number of Visits for Treatment during year:

	Children 0-4 (inclusive)	Expectant & Nursing Mothers
First Visit	(1) 180	(13) 5
Subsequent Visits	(2) 182	(14) 4
Total Visits	362	9
Number of Additional Courses of Treatment other than the First Course commenced during year	(3) 33	(15) 1
Treatment provided during the year—Number of Fillings... ..	(4) 309	(16) 3
Teeth Filled	(5) 290	(17) 3
Teeth Extracted	(6) 80	(18) —
General Anaesthetics given	(7) 43	(19) —
Emergency Visits by Patients	(8) 35	(20) —
Patients X-rayed	(9) 1	(21) —
Patients Treated by Scaling and/or Removal of Stains from the Teeth (prophylaxis)	(10) 6	(22) 4
Teeth Otherwise Conserved	(11) 155	(23) —
Teeth Root Filled		(24) —
Inlays		(25) —
Crowns		(26) 5
Number of Courses of Treatment Completed during the year	(12) 143	

Part B. Prosthetics

Patients Supplied with F.U. or F.L. (First Time)	(27) —
Patients Supplied with Other Dentures	(28) —
Number of Dentures Supplied	(29) —

Part C. Anaesthetics

General Anaesthetics Administered by Dental Officers	(30) —
---	--------

Part D. Inspections

	Children 0-4 (inclusive)	Expectant & Nursing Mothers
Number of Patients given First Inspections During Year	(A) 559	(D) 5
Number of Patients in A and D above who required Treatment	(B) 132	(E) 5
Number of Patients in B and E above who were Offered Treatment	(C) 132	(F) 5

Part E. Sessions

Number of Dental Officer Sessions (i.e. Equivalent Complete
Half Days) Devoted to Maternity and Child Welfare Patients:

For Treatment	(G) 92
For Health Education	(H) 35.5

HAPPY BIRTHDAY

From the Medical Officer of Health

*Mother.....
Please Open This Card*

Postage will
be paid
by
licensee

BUSINESS REPLY SERVICE
Licence No. BR. 783

Dr. W. S. PARKER,
MEDICAL OFFICER OF HEALTH,
ROYAL YORK BUILDINGS,
OLD STEINE
BRIGHTON, SUSSEX
BN1 1ZY

No Postage Stamp
necessary if
posted in
Great Britain or
Northern Ireland



FROM: The Chief Dental Officer.

Regular inspection of your child's TEETH should start

NOW

A Dental Surgeon of my staff will willingly inspect your child's TEETH if you complete the card opposite, or you can make your own arrangements with a Dental Surgeon of your own choosing.

Health Department,
County Borough of Brighton,
Royal York Buildings,
BRIGHTON.

Child's Name:

Address:

.....

I should like an appointment for Dental Inspection of the above child at the nearest Dental Centre to my home.

Date:..... Signed:.....

NURSING AND ALLIED SERVICES

Mrs. EILEEN BEITH, S.R.N., H.V., Chief Nursing Officer

The nursing sections of the department have remained fully established throughout the entire year. We are fortunate indeed to retain a full staff when so many local authorities are severely understaffed, particularly in the health visiting field.

The work of the midwifery section is recorded separately, but I would like to comment upon the changing role of the domiciliary midwife. The number of domiciliary confinements has fallen considerably over the past few years, but the number of early discharges from hospital has risen rapidly. Difficulty has already been experienced in providing Student Midwives with the sufficient number of home confinements necessary for their Part II Training. The Superintendent Midwife has discussed this situation with representatives from the Central Midwives Board, and one can envisage great changes in the midwifery field in the not too distant future.

There were only three changes in the health visiting staff during the year. The two sponsored health visitor students were successful in their examinations, and joined the staff in August—Miss Goldin to replace Mrs. Woghiren who resigned from the staff in order to join her husband in London, prior to returning to Nigeria: Miss Jones took over the district temporarily covered by the relief Health Visitor, Miss Evans, who was then allocated to special duties covering intensive work with problem families and convalescence.

Mrs. Gibbons, the health visitor, who had successfully steered the pilot project of group attachment (which continues), and at the same time obtained an external Diploma in Social Studies, was successful in obtaining a place at the London School of Economics, on the applied social studies course, and was given a year's leave of absence.

It was vital that an experienced health visitor should replace Mrs. Gibbons in the group practice, and Miss Parks was transferred from an area in the centre of the town, being replaced by Mrs. Purnell, a newly qualified health visitor.

Mrs. Rolfe returned to the department in August and having successfully passed the examination for the Diploma in Health Education became the Department's first Health Education Organiser. The visual aids which Mrs. Rolfe has produced for the display board in the front entrance of Royal York Buildings have been eye-catching, and aroused considerable interest not only amongst the staff, but the many visitors to the department. Colour-slides have been taken, and provide excellent material when giving talks to various groups.

Two health visitor students were sponsored for training—Miss Blandford, a former member of the School Nursing Staff, and Mrs. Benoiel, previously employed as a Clinic nurse in the L.C.C. area.

Regular monthly staff meetings were held throughout the year, forming a valuable platform to disseminate new ideas, discuss problems, and introduce new methods of work.

On June 1st, 1966, the health visitors and midwives began a valuable piece of research in conjunction with the Paediatric Research Unit, Guy's Hospital Medical School, London. This survey, known as the South-East Regional Survey, is a collaborative scheme for studying certain important chromosomal and other congenital defects and determining their frequency in the population.

The work of the health education section embraced a wide field during the year, and full details are recorded in a separate section. However, I would like to express my thanks to the health visitors who have given many talks and led group discussions, not only with the mothers in their own areas, but to outside

groups, including the Red Cross, Duke of Edinburgh Award Schemes, Welfare Department Staff Courses and School Children. Many requests were received from Women's Groups, and firms employing a large female staff, for talks on Cancer Prevention and Cytology and these commitments were undertaken by Medical Officers and the Chief Nursing Officer.

The highlight of the year was Mental Health Week, from 5th-11th June, when a series of lectures and films were held each evening, and an exhibition was arranged in the Corn Exchange, in conjunction with the Catholic Nurses International Conference which was held in the Dome during the same period.

The usual stream of visitors to the department continued throughout the year—student health visitors, hospital student nurses, student district nurses, social science students and student midwives.

In July, at the request of the Ministry of Health, we were delighted to welcome to the department Miss Brandt, Chief Nursing Officer, Bureau of Nursing, California, U.S.A., who was on a World Health Organisation Fellowship Tour. Miss Brandt was particularly interested in the new training for health visitors, and was greatly impressed by the theoretical and practical work facilities in this area.

In September, the Chief Nursing Officer was asked to represent Public Health Nursing Officers at national level at a two-day Conference in Church House, Westminster. The hall was filled to capacity, and hundreds of applicants were disappointed that they could not obtain tickets. The Conference was convened in order to discuss the implications of the Salmon Committee's Report on the Administration of the Hospital Nursing Services. This is a most important report, and will no doubt have far-reaching effects on the administration of the Public Health Nursing Services.

The close liaison between senior officers of the Authority and its staffs and the Hospital Authority, as described in the 1965 Annual Report, continued throughout the year. The weekly departmental circular to general practitioners provided a useful means of communication between the family doctor service and the department.

In November, Miss Iddenden, the Area Organiser of the Royal College of Nursing, spent three days in Brighton studying nurses at work, and their conditions of service. The Chief Nursing Officer was asked to arrange a suitable programme, in conjunction with the hospital matrons, and an intensive programme was arranged for the three days.

I am extremely grateful for the valuable work afforded by the part-time clinic nurses, who have relieved the health visitors and midwives of many duties in the clinics, and assisted the geriatric health visitors on home visiting.

I would also like to express my personal thanks to the clerical staff, the staff of other sections of the health department, Welfare and Children's Departments and the many voluntary organisations who have co-operated so willingly and helpfully with the nursing staff throughout the year.

Medical arrangements for long-stay immigrants

The health visitors based at the Chest Clinic continue to visit in these cases in order to assist immigrants with their medical arrangements and make appointments for any necessary x-rays.

No. of advice notes received...	...	...	77
No. of first successful visits ...	...	...	63
No. of cases of pulmonary tuberculosis	...	...	—

Nursing Homes

The number of nursing homes on the register at the end of the year was:

Maternity homes	...	...	...	...	Nil
Other homes	...	...	...	...	18
Total number of beds...	...	...	...	...	350

The homes were inspected by the Chief Nursing Officer and a Senior Public Health Inspector.

CHILD WELFARE CENTRES†**ANTE-NATAL CLINICS***

*(Examination by appointment through Health Department)

1. PATCHAM, 2-4 p.m., 2nd and 4th Mondays
†Mackie Hall, Mackie Avenue.
2. BEVENDEAN, 2-4 p.m. Mondays
†Youth Wing, Bevendean School.
3. HOLLINGDEAN, 2-4 p.m. Mondays
†St. Richard's Church Hall, The Crossways.
4. MOULSECOOMB, 2-4 p.m. Tuesdays†
*Barn Hall, Hodshrove Road.
5. FLORENCE ROAD, 2-4 p.m. Tuesdays
†Baptist Church Hall.
6. DYKE ROAD, 2-4 p.m. Tuesdays
†St. Luke's Church Hall, Exeter Street.
7. WOODINGDEAN, 2-4 p.m. Wednesdays
†Methodist Church Hall, The Ridgway.
8. SUSSEX STREET, 2-4 p.m. Wednesdays and Thursdays†
*The School Clinic.
9. HOLLINGBURY, 2-4 p.m. Wednesdays†
Church Hall, Lyminster Avenue
*Mobile Clinic in Forecourt.
10. WHITEHAWK, 2-4 p.m. Thursdays†
*The Clinic, Whitehawk Avenue.
11. COLDEAN, 2-4 p.m. Thursdays
†The Barn Church, Coldean Lane.
12. LEWES ROAD, 2-4 p.m. Mondays and Fridays
†Congregational Church Hall.
13. ROTTINGDEAN, 2-4 p.m. alternate Fridays
†Public Hall, Park Road.
14. SALTDEAN, 2-4 p.m. alternate Mondays
†St. Martin's Church Hall, Longridge Avenue.
15. WEST BRIGHTON, 2-4 p.m. Tuesdays
†Christ Church Hall, Bedford Place.
16. QUEEN'S PARK, 10.30-noon and 2-4 p.m. Wednesdays
†St. Luke's Church Hall, Queen's Park Road.
17. WOODINGDEAN, 2-4 p.m. Fridays†
*Hazel Cottage, Warren Road.
18. WESTDENE, 2-4 p.m., 1st, 3rd and 5th Mondays†
*Mobile Clinic, Withdean Stadium Car Park.
19. SALTDEAN, 2-4 p.m. Tuesdays
†St. Nicholas' Church Hall, Saltdean Vale.
20. KEMP TOWN, 10.30 a.m.-noon Wednesdays
†St. Anne's Church Hall, St. George's Road.
21. LEWES ROAD-HOLLINGDEAN ROAD
*Mobile Clinic, Saunder's Park.

Municipal Ante-Natal Clinics

Sussex Street	Four weekly midwives sessions
Moulscomb	One weekly midwives session
Woodingdean	One weekly midwives session
Whitehawk	One weekly midwives session
Mobile Westdene	One fortnightly midwives session
Mobile Hollingbury	One fortnightly midwives session
Mobile Lewes Road	One weekly midwives session

Ante-Natal and Post-Natal Clinics

					<i>Ante-Natal</i>	<i>Post-Natal</i>
Brighton General Hospital	...	...	...	...	1,259	844
Sussex Maternity Hospital	...	...	...	...	926	654
Municipal Clinics ... ..	...	...	...	...	540	—

Ante-Natal Record Card

The continued effective use of the ante-natal communication card for hospital and domiciliary confinement patients in the Brighton area has been greatly appreciated by the General Practitioners and the midwives concerned.

Maternal Mortality

No maternal deaths occurred either in hospital or "on the district" during the year.

Puerperal Pyrexia

There were 24 cases of puerperal pyrexia notified; all occurred in hospital.

Ophthalmia neonatorum

Two cases were notified during the year. One was domiciled in another local authority's area. The Brighton case was treated successfully.

Mothercraft

Mothercraft and relaxation classes are held weekly at the School Clinic, Sussex Street, on Tuesday mornings. During the year 81 mothers attended. The hospital authority organises separate classes for mothers to be confined in hospital.

Premature Live Births

	TOTAL	Died within		
		24 hours of birth	1-7 days	7-28 days
Born in hospital	163	12	8	2
Born at home and nursed there ...	7	—	—	—
Born at home and transferred to hospital on or before 28th day ...	—	—	—	—

Premature Stillbirths

Born in hospital	17
Born at home	—

Family Planning Clinic

Three sessions are held each week at the Sussex Street Clinic, one morning and two evening sessions. Thirty-three Brighton residents attended the clinic on medical grounds, of whom six were new cases.

The figures for attendances on social grounds were:

New patients	...	...	...	...	489
Pre-maritals...	...	...	...	...	78
Transfers	...	...	...	...	99
Check visits	...	...	...	...	2,157
Supply visits	...	...	...	...	1,043
Sub-fertility	...	...	...	...	3
Marital Problems	...	...	...	...	2

New Patients — Sources:

Referred from hospitals	...	...	...	29
Referred by Health Visitors	...	...	...	52
Referred by friends	...	...	...	205
Referred by Family Doctor	...	...	...	161
Telephone Directory, etc	...	...	...	42

New Patients — Age groups:

Under 20	...	...	...	81
20-24	...	...	...	159
25-29	...	...	...	145
30-34	...	...	...	72
Over 34	...	...	...	32

New Patients — No. of Pregnancies:

0	...	...	...	159
1	...	...	...	105
2	...	...	...	112
3	...	...	...	60
4	...	...	...	32
5	...	...	...	10
6	...	...	...	6
6+	...	...	...	5

Care of Unmarried Mothers and their Babies

The local authority accepted financial responsibility for 50 unmarried mothers. This was an increase of twenty on the previous year.

The social workers employed by the Chichester Diocesan Moral Welfare Association made the necessary arrangements for the mothers to be accommodated in homes before and after the confinement and also gave support and advice to the mothers, and the families of the young unmarried girls involved. The local authority continued to contribute to the funds of the Association and also made grants towards the maintenance of Brighton women and their babies in their homes. The mothers themselves contributed towards their upkeep with such maternity grants as they were entitled to receive. Where possible, the social workers also contacted putative fathers for contributions.

Phenylketonuria

Routine urine tests were carried out on all babies born during the year. No positive results were recorded.

Pre-School Children Seen at the Audiology Section

New cases...	...	...	55
Reviews	...	...	28
			—
			83
			—

17 have been discharged leaving 66 still under review.

The source of referral was as follows:

Health Visitors	...	...	45
Royal Alex. Hospital	...	...	21
T. & E. Hospital	...	...	7
S.S.M.O.	...	...	5
Speech therapy	...	...	4
G.P.	...	...	1

One little boy—2½ years old—was referred to the Audiology Department following failure of a screening test by health visitors and he has a severe hearing defect. A hearing aid has been issued and arrangements are being made for auditory training and part-time attendance at the pre-school unit at Bevendean Hall School for the Partially Deaf.

A four-month old baby has been kept under observation at the Department since the age of 2 months on account of a family history of deafness. Tests to date indicate that she has a severe hearing impairment.

(See page 9 of the *School Health Report*.)

Child Welfare Centres

At the end of the year there were 20 Child Welfare centres, including one held in the mobile clinic. The clinic at Bevendean was moved from an old church building to the new Youth Wing of the Bevendean School. These premises are modern, and well heated and the mothers are pleased with the move.

Three centres have two sessions a week, 14 centres have one session a week, and three centres have one session a fortnight. The number of children who attended during the year is as follows:

Children 0 to 12 months	...	...	...	...	...	1,922
Children 1 to 5 years	...	...	...	...	...	2,707
Total number of attendances at the clinics	...	...	...	...	...	38,303
Number of occasions children seen by doctor	...	...	...	...	...	14,486
Number of children seen at the child welfare centres referred for Orthopaedic treatment	...	...	...	...	...	173
Number of children seen at the child welfare centres referred for Ophthalmia treatment	...	...	...	...	...	108
Number of children seen at the child welfare centres referred for Dental treatment	...	...	...	...	...	294

Orthopaedic Service

Of the 231 children under five years treated at the Orthopaedic clinic during the year, 38 were new cases seen by the surgeon, and 54 were re-examinations at the surgeon's clinic. In all there were 707 attendances of pre-school children.

Verminous cases

13 verminous children under 5 were cleansed at the School Clinic Centre during the year. This compares with 17 in 1965 and 1 in 1964.

Deprived children

The meetings of the co-ordinating committee continued as hitherto and case conferences were called as necessary. The close liaison with the Children's Department continued.

Medical examinations are carried out at the request of the Children's Officer:

Nurseries and Child Minder's Regulations Act 1948

Four privately run day nurseries are registered with the local authority and may receive into their premises for reward a total of 91 children.

One daily minder was registered and authorized to receive 12 children. There are also several unregistered daily minders, i.e. persons taking less than three children into their homes, by day, for reward.

All these premises are visited at regular intervals, by the district health visitors, who submit a report on the conduct of the premises, and the care of the children.

Municipal Day Nursery

Brighton Corporation maintains the Manor House Day Nursery which provides accommodation for 36 children between the ages of one and five years. During 1966 the average daily attendance was 29. The number of children admitted during the year was 50, and the number of children on the register at the end of the year was 40.

Reasons for admission according to Priority Group:

	No. of Children Admitted
1. Children with only one living parent	24
2. Mother ill or having baby	8
3. Bad housing conditions, e.g. living in one room	1
4. Mothering inadequate	1
5. To prevent mental breakdown when mother is at the end of her tether	13
6. Mother's occupation of vital importance, e.g. a nurse, midwife, school teacher	2
7. To help a backward child	1

Admission to the nursery follows a recommendation from Health Visitors, paediatricians or family doctors. Priority is given to illegitimate children whose mothers have to work, children from broken homes or where, for financial reasons, it is essential for the mother to work, and children from homes where because of physical or mental ill-health, the mother is unable to give the child adequate care.

Reasons for leaving the nursery:

School age... ..	8	Temporary	} 8
Left district	6	Confinements	
Fees too high	1	Illness, etc.... ..	
Taken into care	2	Other arrangements made	14
No reason given	7		

The daily charge for attendance at the Nursery varies from 1s. 6d. to 15s and is based on assessable income after allowances made for rent, mortgage repayments, national insurance, etc. A few children attend for half-days only and are assessed accordingly.

Weekly visits are made to the nursery by the Maternity and Child Welfare Assistant Medical Officer who considers and approves requests for admission. Mode of transport used to Nursery:

Average number using local authority Mini Bus—9 Local Bus—2
Walk—2, Private Car—6.

Welfare Foods

Issues of Welfare Foods from kiosk open daily at Royal York Buildings, Monday to Friday, and from Child Welfare Centres.

	1962	1963	1964	1965	1966
Orange juice, bottles... ..	28,978	32,597	36,019	41,666	43,877
Cod liver oil, bottles... ..	3,262	3,298	3,197	3,166	2,873
A and D tablets, packets ...	3,849	3,947	3,790	3,836	3,638
National dried milk, tins ...	35,765	32,582	34,045	32,062	30,766
Rose hip syrup, bottles ...	5,350	9,787	19,439	23,550	23,692
A and D drops, bottles ...	3,623	5,311	7,723	14,005	11,147

DOMICILIARY MIDWIFERY SERVICE

Non-Medical Supervisor: Mrs. M. Wood

Senior Midwife: Miss M. F. de Chantal Costello

Midwives: Miss M. G. A. Ashing
 Mrs. G. Armstrong
 Miss C. J. M. Dean
 Mrs. E. Fellbaum
 Miss Holdaway (commenced service May, 1966)
 Miss J. D. Murray (left service May, 1966)
 Mrs. C. McIntosh
 Miss M. Munt
 Miss C. Squire (commenced service May, 1966)
 Mrs. M. Wilkinson

During 1966 the Staff changes were few. One midwife, Miss Jean Murray left in May to become a missionary worker in Ntonde, Central Africa, and two new colleagues joined us, Miss Holdaway and Miss C. Squire, thus completing the full complement of staff.

498 mothers booked for home confinement. Of these 173 were lost to us for various reasons, i.e. moving away from the district, miscarriages, abnormalities which were delivered in hospital, etc. 325 were delivered by the domiciliary midwives. Over the past three years the number of home confinements has readily dropped. This is a continuing trend. All mothers who ask for a hospital confinement in this area are granted their request. In consequence the number 48-hour and early discharges has considerably increased. As a result the domiciliary midwives are busy with home nursing visits.

Number of discharges arranged, and visited, when discharged from hospital before the 10th day—718.

The second-part training of student midwives has continued. Although shortage of cases was occasionally a problem, the Central Midwifery Board, when notified, did not penalize the students. A high percentage were successful in obtaining their certificates.

Mothercraft classes are held weekly on Tuesdays from 10 a.m. at Sussex Street Clinic in groups of 7 sessions, 3 held by the midwives, and 4 by the Health visitors.

Numbers of mothers delivered in 1966—325.

Medical aid was required for 110 mothers and 35 babies as follows:

<i>Mother during pregnancy</i>					<i>Mother in labour and post partum</i>				
Toxaemia ...	...	...	...	12	Foetal distress ...	...	...	...	55
A.P.H. ...	...	...	...	7	Premature labour ...	...	...	...	1
Early rupture of membranes ...	...	...	...	8	Delayed 1st stage ...	...	...	...	10
Abnormal presentation ...	...	...	...	7	Delayed 2nd stage ...	...	...	...	1
Abdominal pain ...	...	...	...	3	Prolonged labour...	...	...	...	1
Varicose Veins ...	...	...	...	1	Retained placenta ...	...	...	...	2
Postmaturity ...	...	...	...	4	Pyrexia ...	...	...	...	55
Oedema ...	...	...	...	1	Episiotomy ...	...	...	...	44
					Perineal laceration ...	...	...	...	22
					Cervical laceration ...	...	...	...	1
					P.P.H. ...	...	...	...	1
					Subinvolution ...	...	...	...	2
					Retained products ...	...	...	...	1
					Vomiting ...	...	...	...	1
					Rash ...	...	...	...	1
					Post Natal depression ...	...	...	...	1
					Breast ulcers ...	...	...	...	2
					Mumps ...	...	...	...	1
					Pneumonia ...	...	...	...	1
					Incontinence ...	...	...	...	1
					Thrombo phlebitis ...	...	...	...	3
<i>Baby</i>									
Premature ...	...	...	...	1	Rectal Prolapse ...	...	...	...	1
Cyanosis ...	...	...	...	8	Hirschsprungs disease ...	...	...	...	1
White Asphyxia ...	...	...	...	3	Pyrexia ...	...	...	...	2
Eyes ...	...	...	...	6	Hypospadias ...	...	...	...	1
Thrush ...	...	...	...	4	Convulsions ...	...	...	...	1
Rash ...	...	...	...	1	General debility ...	...	...	...	4
Vomiting ...	...	...	...	1					
Bleeding ...	...	...	...	1					

All the midwives have motor transport and radio telephones. The pupil midwives use public transport, taxis, and when necessary the ambulance cars if no other transport is available.

Student nurses from the Royal Alexandra Hospital for Sick Children visit patients in their homes with the midwives once a month, to learn about the care of mothers and babies at home.

The Emergency Obstetric Unit is based at Brighton General Hospital, and deals with cases for Brighton and district.

During the year a series of midwives meetings have been held at regular intervals. In addition joint meetings are arranged with the health visitors and domiciliary nurses.

Distribution of midwifery cases

Hospitals and Nursing Homes	Number of Midwives at end of year	Number of beds	Number of cases from Brighton	Total number of cases
Brighton General	16 full-time 4 part-time	64	1229	1613
Sussex Maternity	14 full-time 9 part-time	62	866	1637
TOTAL	30 full-time 13 part-time	126	2095	3250
Domiciliary Municipal Midwives	10	—	325	325
Private Midwives	2	—	—	—
TOTAL	12	—	325	325

Ante-natal clinics

Hospital	No. of women from Brighton	
	Ante-Natal Clinics	Post-Natal Clinics
Brighton General... ..	1259	844
Sussex Maternity... ..	926	654
Domiciliary midwives ...	540	—

Notification of Intention to Practise for Brighton area during year:

Hospital midwives	...	68
Domiciliary midwives	...	13
Private midwives	...	2

HOME NURSING

The Statutory duty of the Local Health Authority is carried out by the Brighton District Nursing Association (Queen's Nurses).

The establishment is 49 (including 3 Administrative and Supervisory Nursing staff).

Total number of cases nursed ... 3501

The Superintendent comments:

During 1966 there have been changes in the staff structure. The number of nursing auxiliaries has been doubled, helping with the problem of the elderly requiring care but not necessarily skilled nursing. Likewise the number of qualified Enrolled Nurses has increased making a very worthwhile contribution to the district nursing service. The married part-time nurse continues to be of value on the staff, the number fluctuating during the year due to domestic circumstances.

The Night Sitter service has been used continually during the year to the benefit of patients and relatives. The demand appears to be increasing, particularly with the very ill patients living alone. The service of the Public Health night sitters has been much appreciated when we have not been able to meet the demand.

Many patients are still visited in very difficult social conditions, where there are too few facilities for adequate nursing care even with the co-operation of the Local Authority Services.

Disposable equipment has been increased during the year with much benefit to the district nursing service. This has caused difficulties with disposal, but with the co-operation of the Public Health Department collection service this has been overcome.

The laundry service continues to be used to a great advantage for the incontinent patients.

CARE OF THE AGED

Number of old persons known to the Section	...	...	5,318
Visits made by the Old Persons' Health Visitors	...	...	1,199
Visits made by District Health Visitors	...	...	2,923

Visits made by three part-time staff:

Miss Blizard	660	} 1,481
Mrs. Murtagh	...	...	457
Mrs. Walmsley	...	...	364

Request for services from this Section:

Laundry Service	...	...	76
Home Help	...	...	345
Meals on Wheels	...	...	224
Night Sitting	...	...	100

The number of aged requiring help and advice from the Department has increased by 533 during the last two years; interviews with relatives and friends and contacts with other agencies made on their behalf by the Old Persons's Health Visitor has also increased in proportion.

Weekly visits have been made to the Medical Social Workers of Brighton General Hospital, Royal Sussex County Hospital, New Sussex Hospital, and the Sussex Eye Hospital, and consultations with the Welfare Services Department and Housing Department have been held, joint visits being made with their personnel when necessary; also with the Mental Welfare Officers and Psychiatrists where both sections were involved.

The request for Housing reports appear to have increased again this year and the number of elderly re-housed in the centre of the town have made it possible to give more continuity where intensive domiciliary care has been necessary.

The district health visitors have ascertained many new clients during their visits and have been of much support where joint efforts by the Old Persons's Health Visitor and themselves have been required.

Emergency and weekend care provided through the ancillary staff attached to the section have been used extensively this year in urgent and complex cases and in addition the relative relief night-sitting service commenced in December 1965, and operated through this section has been much in demand, and has proved to be a valuable asset for the type of aid required by this department for old people.

This year, owing to the fact that a large proportion of those visited have been seriously ill, there has been much more pressure on the laundry services. The bathing service has also been in great demand, particularly during the latter part of the year: so many appreciate not only the bath but the outing and the contacts made during the visit to the Cleansing Centre.

During the last five months of the year many old people, in particular those requiring domiciliary chiropody, were much distressed and less mobile by the lack of chiropody care during the shortage of staff, and their inability to afford transport or the cost of private chiropody treatment in the meantime.

Convalescent holidays were much appreciated where they were arranged. The use of nursing homes by relatives for their old people, or by the aged themselves, continues to be made prohibitive because of the rising cost, and now in addition private rest homes for the aged are entering the same category. This has resulted in an even greater demand for intensive care from the domiciliary services.

A large number of our clients have been referred to the Brighton Old People's Welfare Co-ordinating Committee for voluntary social visiting and all the other activities in which they are concerned; this has been of great assistance in the care of the aged.

7 old persons were removed under Section 47 of the National Assistance Act. This is the highest figure for a number of years and is a sure indication that in spite of the very much increased statutory and voluntary services, if constructive help is to succeed, there is still the need for much earlier ascertainment of those in distress and isolation through eccentricity or senility.

National Assistance Act 1948—Section 47

Mrs. Q. — Aged 70

Mrs. Q. became known to the Health Department on the 6th April, 1965. She was living in a first floor flat and had just been discharged from hospital, suffering from the ill effects of a leaking gas pipe.

She was being cared for by her sister, so no services were accepted when she was visited by the Old Persons Health Visitor.

A few weeks later Mrs. Q. had a slight stroke and was re-visited. She accepted the service of a Queens Nurse arranged by the doctor and a laundry service from the Health Department. During this time she had become incontinent.

Mrs. Q. was visited again at the beginning of June. She appeared to be recovering and was seen sitting up in a chair and managing very well with the aid of her sister who was living near, the Queens Nurse and the laundry service.

In July, 1965, Mrs. Q's relatives went on holiday, so a daily Home Help and meals-on-wheels, plus increased observation by the Health Department staff was arranged, including weekend care. She appeared to be getting confused at times.

On the 30th July Mrs. Q. was visited by the Welfare Services Department, but refused to have her name put on the list for Part III accommodation, as her sisters were unable to give more care which she was beginning to require, such as supervision regarding her personal toilet and daily routine, getting up and going to bed. She was now attending hospital three times weekly for occupational therapy. She was walking about, not incontinent, but becoming mentally senile.

On the 10th September Mrs. Q. was reported by the Welfare Services Department to be deteriorating rapidly and again incontinent. She was admitted to hospital and discharged from there after about ten weeks. She was offered a bed in the hospital to await Part III accommodation, but refused this. Her sister was now unable to help much as she was looking after another aged relative.

On the 26th January, 1966, the family doctor felt that Mrs. Q's relatives could no longer cope. Mrs. Q. was visited by the Old Persons Health Visitor. Her sister was absolutely exhausted, but refused the offer of domiciliary services from the Health Department. Mrs. Q. said she would go to hospital, but not a home. The hospital felt that she was more suitable for Part III accommodation, so a Welfare Officer called and offered a vacancy in a welfare home, but she was refused admission by the exhausted relative and, therefore, was unable to see Mrs. Q.

On the 27th, the Medical Officer of Health made a visit with the Old Persons Health Visitor. Mrs. Q. was deteriorating, but refused to go either to hospital or to a home, but the exhausted sister could no longer care for her, as she now required constant 24-hour supervision.

On the 28th January, a Court Order was obtained by the Medical Officer of Health for Mrs. Q's removal to hospital and on the 9th November, 1966, she was transferred to a welfare home from the hospital where she settled down.

Mr. C. — Aged 65

Mr. C. became known to the Health Department on the 22nd September, 1965, when his General Practitioner referred him to the Geriatric Section for a

visit with regard to the possibility of getting him to accept domiciliary services and the suggestion of a convalescent holiday.

Mr. C. was living in a tiny, first floor bed-sitter, which contained a wash basin with cold water, a bed, chair, a small gas ring and a tiny table.

A visit was made by an Old Persons Health Visitor. After a considerable time Mr. C. opened the door a few inches and said that he did not require any help at present, but would contact the Department if he was in any difficulty.

He had apparently been extremely independent and difficult to help during the last few years, and was known to be a Spiritualist.

As Mr. C. was blind and deaf, although he could hear with his hearing aid, the Blind Society was contacted by the Health Visitor and a blind visitor who had known him for a considerable time agreed to try and persuade him to accept help.

On the 22nd October, the Blind Society visitor reported that he had tried several times to see Mr. C., who attended the Club every fortnight, but he would not let him in, was extremely stubborn and, not willing to accept any suggestions of help. It was agreed that he should be kept under observation.

On the 9th November, the Blind Society contacted the Health Department as Mr. C. was deteriorating and an Old Peoples Health Visitor made a joint visit with the Blind Society. Mr. C. was found in bed with a chest condition, feeling and looking ill. His room was neglected and also his personal cleanliness and care. Mr. C., who had apparently been in a welfare home three years previously and had discharged himself as he did not care for community life and its routines, adamantly refused to contemplate moving anywhere. He agreed to have a Home Help after much persuasion and had already agreed to have meals-on-wheels four times weekly.

On the 11th November, the doctor advised the Health Department that he had called on Mr. C. just as he was going out and felt he now required Part III accommodation.

On the 15th November, Mr. C. was visited by an Old Persons Health Visitor. There was no means of proper heating, apart from a gas ring, he looked very ill and could not eat the meals-on-wheels which had been delivered, nor was he capable of heating them. He agreed to accept a Queens Nurse which was arranged daily and also a daily Home Help. He was advised that he ought not to go out and should remain in bed. The doctor was contacted and he agreed to visit and obtain the visit of a Consultant with regard to the possibility of admission to hospital.

On the 16th, arrangements were made for Mr. C. to be taken to the Out-Patients Department of the hospital on the 21st. Queens Nurses were attending and an Old Persons Health Visitor making daily visits. Mr. C. and his bedding were infested with fleas, infesting the Nurses and those visiting his room. There was difficulty with regard to spraying for this successfully, owing to the restricted space and the chest condition of the old man, but what could be done was arranged by the Public Health Inspector and it was agreed to have the room re-sprayed whilst Mr. C. was away in the Out-Patients Department. Weekend care by the ancillary staff of the Geriatric Section was arranged, with visits morning and evening on the 19th and 20th, to give food and keep an eye on the situation. Queens Nurses visited morning and afternoon.

On the 20th, Mr. C. was found in a collapsed condition by the ancillary help on her second visit. He was admitted to hospital and the Welfare Department arranged to protect his property, but Mr. C. insisted on retaining the key himself.

On the 25th November, a message was received from the hospital that Mr. C. was to be discharged on the 27th, but had refused to allow anyone to prepare

his room or to part with the key. Arrangements were made for the ancillary staff to call on the evening of the 27th to see all was well and to give a hot drink, etc. This was cancelled by Mr. C., who went from the hospital to stay with a friend for the day.

On the 28th November a visit was made by an Old Persons Health Visitor and Mr. C. was found asleep on the bed and the room in the same state as it had been before he went into hospital. Meals-on-wheels were accepted and arranged.

On the 29th, a visit was made by the Medical Officer of Health and an Old Persons Health Visitor as he seemed unwell and unable to cope. Mr. C. agreed to do whatever the doctor thought necessary and arrangements were made for him to be admitted to hospital a week later, having the services of a Home Help, meals-on-wheels, observation by the Health Visitor and weekend care until re-admission.

On the 15th December at 5.15 p.m. a message was received from the hospital that Mr. C. was up and walking about, wished to return to his own home, and would not consider going into a welfare home, although a vacancy had been offered; nor would he agree to part with his key although advised that social conditions were really unsuitable for him to return. The Medical Officer of Health was informed. The hospital agreed to try and persuade Mr. C. to remain there as long as possible.

The Health Department were informed on the 16th that Mr. C. was returning home in the late afternoon. He was visited and conditions were found to be the same, with Mr. C. refusing help.

On the 19th December, a visit was made by the Medical Officer of Health and an Old Persons Health Visitor and Mr. C. was removed to an old persons home under Section 47. Mr. C. was persuaded to remain in the welfare home after the Section 47 had expired and he settled down and has gone about visiting friends and improved physically.

Mrs. N. — Aged 85

Mrs. N. became known to the Geriatric Section in November, 1961. She was extremely tottery, frail and independent and at one time had let rooms. She was the tenant of a terraced house in a dilapidated and unsuitable condition for her. She lived on her pension and social security grant and found financial difficulty in providing adequate heating and food.

Apart from accepting gifts of coal and money from time to time from voluntary sources, Mrs. N. refused help. The Public Health Inspector visited with regard to assistance with immediate repairs to leaking pipes and water taps, and he was kept under observation at regular intervals by the Old Persons Health visitors.

In February, 1965, Mrs. N. became confused and forgetful and more tottery. She was visited by the Welfare Services Department with a view to the possibility of other accommodation which had been offered by the agent of her property, or Part III accommodation in an old peoples home. The old lady flatly refused any offer made. A Home Help and meals-on-wheels were offered, but also refused and Mrs. N. still continued to manage without services.

On the 10th February, 1965, the old lady became overcome by fumes from a defective gas fire. The gas was disconnected and she commenced using oil stoves. Her family visited her, but she refused either their help, the help of the services or to go to hospital. During this time, although she was receiving a full allowance from the Ministry of Social Security, she was adamant that she had no money to pay for anything.

On the 19th July, 1965, relatives visited her and tried to persuade Mrs. N. to accept help. A message had been received from a neighbour that Mrs. N.

had been found on the floor and put to bed. When visited by the Old Persons Health Visitor and the Welfare Officer, her rooms were found to be in chaos. Mrs. N. had got up and was downstairs in the kitchen. She agreed to accept the visit of ancillary help from the Department to put her to bed and give her a hot drink, and to a visit from the family doctor.

On the 20th July, when visited she was up and dressed, refused any offer of help, but appeared to be improved. She was taking medicine prescribed by the doctor and a neighbour agreed to keep an eye on the situation.

On the 22nd July, an Old Persons Health Visitor saw her again and, with her consent, her laundry service was arranged and bedding, which was infested with fleas, was removed and fresh supplied by the Welfare Services Department.

On the 29th July, she was visited by the Medical Officer of Health and an Old Persons Health Visitor. It was agreed that she should be kept under observation for the time being, but she firmly refused to accept any help.

On the 16th December, free gifts of coal and clothing were accepted.

On the 14th February, 1966, Mrs. N. was in arrears with her rent, was physically deteriorating and had become incontinent, but she was still managing to get up and about. Her finances were sorted out and services offered, but refused.

On the 7th March, Mrs. N. was visited by the Medical Officer of Health, who found her to be grubby and neglected, but still refusing any assistance.

On the 14th March she was found wandering about the street in her night clothes.

On the 15th March Mrs. N. was visited by an Old Persons Health Visitor at 4.30 p.m. There was no reply and no signs of movement in the house. The Police were contacted in order to obtain admission to the house, but eventually the door was opened by Mrs. N., who appeared to be deteriorating rapidly and unable to co-ordinate her actions properly. The doctor was asked to visit.

On the 16th Mrs. N. refused any help when visited, but was obviously unable to live in her present circumstances. Bedding was flea ridden, ashes from the fire were scattered about the floor and there was danger from the same. She had no fire guard and was unable to keep one in position.

Mrs. N. was removed to a welfare home under Section 47, where she settled down.

Mrs. R. — Aged 70

The Health Department was first notified of this lady on the 31st January 1961.

Mrs. R. lived alone in a ground floor front room near the centre of the Town. She appeared confused and untidy and neglected in person. Her only facilities for cooking consisted of a small spirit lamp in a tin and a Valor oil stove of an old fashioned design. Her room was cluttered with rubbish and soiled clothing.

Mrs. R. was visited by the Old Persons Health Visitor on the 9th February and services were arranged—weekly baths, fresh clothing, disinfection for fleas, fresh bedding and meals-on-wheels; with the co-operation of the Welfare Officer and the Ministry of Social Security her financial and muddled affairs were sorted out. The service of a Home Help was never accepted and though she often agreed to this being arranged, many futile visits were made.

Constant visits were made to Mrs. R. by the Old Persons Health Visitor to obtain her confidence and after five months she appeared improved in health, more alert and able to cope. She spent her time going out to the market and bringing back old clothing and junk which she collected.

In 1962 the house became empty as other tenants left and repairs were to be done. Mrs. R. became in need of care and attention owing to the lack of facilities and inability to cope. She refused the offer of a place in a welfare home and was kept under observation by the Health Department.

On the 8th November, 1963, Mrs. R. agreed to enter a welfare home, all arrangements were made, she was taken to have a bath and an X-ray, but when the Welfare Officer called the next day she adamantly refused to go to the home.

On the 12th November, Mrs. R. was visited by the Medical Officer of Health and although she was deteriorating mentally, managed to get about. She still had not means of heating, apart from a rather dangerous oil stove, but was still accepting meals-on-wheels.

This old lady carried on in her home, maintained by spasmodic services which she accepted and rejected from time to time and almost fortnightly visits from the Health and Welfare Officers until April of 1965.

On the 20th April, 1965, Mrs. R. was knocked over in the road and received a head injury. She was taken to the Royal Sussex County Hospital, but refused to remain, although offered a bed. She was visited by the Old Persons Health Visitor and her room was found in the most neglected state, but Mrs. R. insisted she could manage and was still on her two feet.

On the 22nd April, the Medical Officer of Health visited and arrangements were made with the agreement of Mrs. R. to cleanse her room, but she was still quite adamant that she would not consider accommodation in a home.

On the 30th August, 1966, she was visited by the Medical Officer of Health. The room was in a state of squalor and Mrs. R. was advised to consider going into a welfare home. She was visited again on the 1st September and was found to be incapable of managing anything apart from wandering about the streets in the day, losing her pension book and giving her meals-on-wheels to the cats. She had also been found wandering in the street at night by the Police and neighbours.

On the 16th September Mrs. R. was removed to a welfare home under a Court Order.

Mrs. A. — Aged 80

This old lady, who was a retired musician, became known to the Health Department in February, 1962. She had recently recovered from a fractured emur and was also suffering from arthritis.

Mrs. A. lived alone in a first floor flat of a terraced house. There was no financial difficulty and she was mentally alert and active. She had a private domestic help and good neighbours. After being notified to the Health Department she was visited regularly by the Old Persons Health Visitor and seemed to manage well, being extremely independent and determined to remain at home. In the evenings she gave piano lessons.

On the 28th March, 1966, Mrs. A. began to neglect her food and agreed to accept meals-on-wheels, which was arranged.

On the 28th July, it was found that Mrs. A. was becoming mentally less alert and at times confused. She refused to open the door to her doctor who visited regularly, and was said to have no food in the house having not been out. A visit was made by the Mental Welfare Officer and the Police, who had to force open the door, receiving no reply after constant knocking. Mrs. A. was found in a confused state.

Arrangements were made for her admission to hospital and the Old Persons Health Visitor arranged services in the meantime. While awaiting admission to hospital, the next day Mrs. A. became much improved and it was decided that she should remain at home. She was beginning to be co-operative and glad to accept domiciliary services.

On the 23rd August, Mrs. A. deteriorated very rapidly and she was also due to be evicted from her flat, the landlord having been granted possession. Offer of other accommodation was made to her, but she adamantly refused to move. There were difficulties with preparing food, owing to the fact that the electricity was cut off and she was refusing meals-on-wheels.

A visit was made by the Medical Officer of Health and Mrs. A. agreed to accept milk and soup from the Old Persons Health Visitor, who was to make a daily visit to ensure that the old lady took this. This was continued daily and at the weekends an ancillary help from the Geriatric Section called each day. The old lady accepted this and paid for the food, although she was not managing her other financial affairs. Entry was gained by a key which was provided for the Health Department's use by relatives.

On the 4th October, there was further deterioration and Mrs. A. became incapable of looking after herself, due to her extreme senility and confusion. She was still having daily visits by the Old Persons Health Visitor and taking the milk and any food given to her, but was not accepting any other service.

On the 13th October, Mrs. A. was visited by the Medical Officer of Health. She appeared very dirty and abusive and was also incontinent. She was finally persuaded to accept a Queens Nurse.

On the 9th October, Mrs. A. was now incontinent. She was lying in a urine-soaked bed, sometimes trying to get out into a chair, was weak and in danger of falling, and refusing to consider other accommodation. Services provided were unable to give any constructive help due to Mrs. A's inability to co-operate in her confused and muddled state, although she was rational at times. The ancillary help from the Section called each evening to give hot drinks and fill her hot water bottle because the water had now been cut off due to renovations being made to the property.

On the 21st October, Mrs. A. was removed to hospital under a Court Order.

Miss G. — Aged 79

Miss G. became known to the Health Department in December, 1963, when the Ministry of Social Security reported that she was living in dirty conditions.

A visit was made by an Old Persons Health Visitor and a Public Health Inspector. The old lady was very active, but neglected in person. She was living in a dilapidated and dirty terraced house, which she owned. The scullery and back yard were littered with piles of tins and rubbish, which had apparently accumulated over a considerable time.

Miss G. had only been retired about two years and was very much reduced in financial circumstances. She was very attached to three cats which she had with her. It was agreed with Miss G. that the rubbish should be collected, a dustbin supplied and a Home Help arranged.

On the 7th February, 1964, the Home Help tried repeatedly to get into the house, but had futile journeys. Miss G., although in the house, had not opened the door. The Old Persons Health Visitor called, but could get no reply. It was arranged that the Public Health Inspector should call and supply a new dustbin.

On the 17th March, a message was received from Miss G. that she was staying with friends and would be back at the end of the week.

The Public Health Inspector reported to the Old Persons Health Visitor on the 20th April that he had made several appointments, but none had been kept and there was no co-operation at all from Miss G. with regard to the clearance of rubbish.

On the 7th May, after several futile visits, a light was seen in the front room but Miss G. refused to open the door. The Old Persons Health Visitor contacted

the Public Health Inspector who agreed to try again. Futile visits were made by both officers until September, when on the 5th she was found in the house by the family doctor after a severe haemorrhage from an ulcerated breast. Miss G. was admitted to hospital, but would not stay and arrangements were made for her to stay with a friend in Brighton until her house could be cleaned up. She was reported as now having 10 cats.

Miss G. was visited at her friend's house by an Old Persons Health Visitor, but was not there. She had gone back home to feed the cats, now said to be only five. During a discussion with the friend she agreed to keep Miss G. until the house could be cleaned up. Fresh clothing was supplied by the Welfare Department and the Public Health Inspector, who had an interview with Miss G., would have arranged the cleaning of her home and removal of rubbish, but the old lady said her private contractor was doing what was necessary in the house. She was extremely independent and all she accepted was the service of a Queens Nurse to do her dressing and to attend the hospital out-patients' department.

On the 19th October, the friend who had been accommodating Miss G. felt she could not continue. An Old Persons Health Visitor went to see Miss G. and as she did not appear to be in her own house and was not with the friend, arrangements were made to visit the premises by the Public Health Inspector and also the N.S.P.C.A. Inspector with regard to the well-being of Miss G's cats. Queens Nurses were still being admittted to do Miss G's dressings, but Miss G. was said to be dirty in habit and person, but refusing all offers of help.

On the 26th, she was seen by the Old Persons Health Visitor and agreed to the removal of rubbish and bedding. Fresh bedding was supplied, a new bed and some chairs provided. Disinfestation carried out as Miss G. was again infested with fleas. She appeared very grateful for the help and was still active.

On the 14th December Miss G's financial affairs were getting neglected, but her solicitor was contacted and he was able to sort things out.

Miss G. was seen out on the 15th January, 1965, and appeared well. The Queens Nurse was still attending on alternate days and the old lady decided she did not want any other service.

On the 24th September, 1965, things were beginning to get chaotic and dirty again. Miss G. refused to consider going away into a home or accepting services. The Public Health Inspector visited and managed to persuade Miss G. to co-operate a little with regard to the clearance of rubbish.

A neighbour called in the Health Department on the 13th December to report Miss G. was not well, although a Queens Nurse was still going in. The cats had multiplied and the friend who was doing the shopping said there was a most offensive odour in the house and Miss G. appeared quite incapable of coping. The Public Health Inspector arranged to visit with regard to the odour and advise on clearance again.

On the 22nd December a letter was received from Miss G. requesting help with hopping and on the 23rd, ancillary help from the Geriatric Section called to do his. She was not able to gain admission, but on looking through the letter box saw some shopping on the floor.

Arrangements were made for observation over Christmas by ancillary staff and Queens Nurses.

On the 28th December Miss G. was deteriorating, but still able to get about in the house and refused domiciliary help.

On the 25th January, 1966, Miss G's doctor and the Police were called in during the night by neighbours as her milk was seen on the door step and there appeared to be no sound in the house when neighbours knocked. The doctor climbed through the window with the aid of the Queens Nurse and found the

old lady in a semi-collapsed condition behind the front door. He would have arranged for Miss G. to go to the Casualty Department, but she refused to go.

The Medical Officer of Health and the Old Persons Health Visitor visited and found Miss G. lying on a dirty couch covered with rags and a dirty coat. The house was in absolute squalor, numerous cats were in the room with her. She refused the suggestion of hospital treatment and care, but was obviously unfit to remain in this situation.

A Court Order was obtained by the Medical Officer of Health for Miss G's removal to hospital, where she died three weeks later.

Mrs. L. — Aged 84

Mrs. L. became known to the Health Department in September of this year. She was living alone in a self-contained flat.

She collapsed and, owing to a severe haemorrhage, became in urgent need of hospital treatment, which she refused. The family doctor, finding it impossible to help Mrs. L. without treatment contacted the Medical Officer of Health to enlist his assistance.

A visit was made by the Medical Officer of Health with an Old Persons Health Visitor and she was seen in bed too weak to move, but refusing to go into hospital.

A consultation was held with the family doctor, who obtained a bed at the hospital and a Court Order was obtained for Mrs. L's removal to hospital, where she remained for six weeks, returning home with home help and meals-on-wheels services fully recovered, apart from the general frailty of old age.

HOME HELP SERVICE

Training

Two further groups of 20 Home Helps have attended a series of 8 lectures on the work of the Health Department and domestic subjects. One group of 20 has also attended 8 lectures on First Aid and Home Nursing. These sessions proved very popular and there was no lack of volunteers to attend.

Transport

A second mini-van was made available for the permanent use of the area organisers who were thus able to increase the number of their visits to patients.

Institute of Home Help Organisers

The Annual Conference and Week-end School of the Institute was held in Brighton this year. All the Organisers were able to attend some of the lectures as well as helping with reception and steward duties.

In opening the Conference the Mayor, Alderman Mrs. K. Watson-Miller gave the members a warm welcome and spoke enthusiastically of the work done by the Service.

The last speaker of the meeting was the Borough Treasurer Mr. R. Morgan whose talk on Local Government finance was appreciated for its clarity and non-technical approach.

Home help to householders for persons

Aged 65 or over on first visit in 1966	Aged under 66 at first visit in 1966				
	Chronic sick and tuberculosis	Mentally disordered	Maternity	Others	
No. of cases 1714	12	—	148	203	TOTAL 2077

Staff:

No. of home helps	(a)	Whole time	...	...	...	—
	(b)	Part time	...	...	...	237
	(c)	Whole time equivalent of (b)	...	...	...	124

Nurses' Agency

There was one licensed nurses' agency on the register at the end of the year, with the following number of nurses on the register:

Female	...	...	S.R.N.	...	...	64
Male	...	...	S.R.N.	...	...	2
Female	...	...	R.S.C.N.	...	...	3
Female	...	...	R.F.N.	...	...	1
Female	...	...	S.E.N.	...	...	11
Female	...	...	R.M.N.	...	...	1
Female, Unregistered	...	...	...	...	...	3

HEALTH EDUCATION

Mrs. Rolfe returned to the Public Health Department in July having successfully obtained the Diploma in Health Education. This necessitated a year at the London University, during which time part of her study had been abroad. On return to the Department she was appointed Health Education Organiser. This meant that Health Education was to be offered as a comprehensive *full-time* service to the community of Brighton. The health education service aims first to interest people in the idea that their health is something to be valued, and then to make available to the community information as to how they can best maintain their health.

The displays in the entrance hall of Royal York Buildings have been continued throughout the year—during the summer holiday period there was a special display covering resuscitation.

January	...	...	...	Anti-smoking New Year Resolution
February	...	...	...	Coughs and colds
March	...	...	...	Home Safety Electric and Gas Appliances
April	...	...	...	Dangerous Drugs
May	...	...	...	Food Hygiene
June	...	...	...	Mental Health week
July	...	...	...	Summer Safety Anti-litter
August	...	...	...	Summer Safety. Water Safety. Resuscitation
September	...	...	...	Hospital Regional Recruitment
October	...	...	...	Ro.S.P.A. Golden Jubilee Year — Home Safety in the Home
November	...	...	...	Fireworks for one week. Burns and Scalds — Home Safety
December...	...	...	...	Buy for safety first 3 weeks. Road Safety — Don't Drink and Drive

Main Activities

There were two main activities during the year.

1. Mental Health week June 5th-11th.
2. Support for Ro.S.P.A. Golden Jubilee year.

Mental Health week June 5th-11th

This was designed to be a National Mental Health week, the first of three to be held at yearly intervals—the theme for the week was "Compassion in Mental

Health", the aim being to secure the further collaboration of the Public. The second week to be held in June 1967 will be designed to recruit staff and the Grand International Conference in 1968 at the end of three years is to tie up the first and second year themes.

Brighton Publicity department designed a poster for use in the town, and a comprehensive programme was arranged. The evening lectures throughout the week were well attended, a variety of mental health subjects and potential problems were freely discussed.

St. Francis Hospital and the Psychiatric wards of the Brighton General Hospital were open to visitors also the Local Authority establishments for the mentally subnormal members of our community. The 18 Club which is run as a social club to assist in the rehabilitation of patients who have been mentally ill, was also open to the public.

Ro.S.P. A. Golden Jubilee year

October and November Health Education themes were directed at Home Safety generally and safety in connection with electrical and gas appliances used in the home.

The question of dangerous toys was again brought to public notice by displays in the Health Department and at several of the Child Welfare Centres. Leaflets produced by the Consumer Council were widely distributed to help to highlight this danger.

The possible tragedy of Christmas due to Road accidents following an excess of alcohol was also displayed in the Public Health Department.

These displays are a small but important part of the Health Education Organiser's work and it is disappointing that only a small number of the community are reached through them. The displays are sited in the entrance hall of Royal York Buildings and those who have the opportunity to see them are limited to local authority staff, members of the public visiting various departments, and mothers collecting welfare foods. The impact of these displays should be considered. There is a great need to acquire a site for them that will enable their message to reach the whole community.

Teaching to Associated Groups

Courses of lectures were given to the following:

1. District Nurse Students.
2. Welfare Department Staff (Homes).
3. Home Helps.
4. School leaver course sponsored by Hove Further Education Department.

Lectures were given by a member of staff to Students at the Brighton and Hove School of Nursing, the Health Visitors Training Centre, the Queen's Institute of District Nursing and the Technical College.

Preformed groups including people of all ages requested speakers on a wide variety of health subjects and this work was undertaken by the Chief Nursing Officer and members of her staff.

Parentcraft Classes

These have continued throughout the year by midwives and health visitors and individual health teaching was continued in the homes and at Child Welfare Centres.

Requests are received from Church and Youth organisations also Red Cross and St. John Ambulance groups for speakers on health subjects and these were met by members of the staff.

In-Service Training

Lectures on a wide variety of subjects have been available for members of the staff to attend including childhood epilepsy, neonatal pyelonephritis and the modern approach to Haemathroses in Haemophilia. Films have been shown for appraisal by the staff. Several health visitors attended refresher courses run by the Royal College of Nursing and Health Visitors Associations.

A series of in service training was arranged for the Home Helps, two groups have completed the course, and two more are arranged.

Teaching activities were continued routinely throughout the year by the Health Visitors and midwives both on an individual person to person basis and in group discussions with mothers at Ante-natal and Child Welfare clinics.

Lectures attended by H. V. Staff

1. Epilepsy in childhood by Professor Tizard at Post Graduate Centre, Brighton General Hospital.

2. The Modern Approach to Haemothuses in Haemophilia by Keith Dormandy.

3. Early Neo-Natal Pyelonephritis by Dr. Neil O'Doherty.

4. A critical look at Local Government. Royal Society of Health. Quarterly meeting.

Conference attended

Royal Society of Health.

Visits arranged

Hamilton House — School for the Deaf.

Limb-fitting centre — Brighton General Hospital.

Film Appraisals

Seven Ages of Psychiatry.

Accidents don't happen.

Farley Film. First year of life.

Recognised Courses attended by Health Visitors

In-Service Training for Home Helps

Groups and Home Helps. Each course attended for half day a week for 4 consecutive weeks.

Visiting Students

Social Studies Students — Manchester University

Students Health Education — College of Education

Health Visitor Students — For Practical work Training.

AMBULANCE SERVICE

Chief Ambulance Officer: A. J. Sumpter.

Deputy Chief Ambulance Officer: E. R. Kimber.

Control Officer: S. A. Charlwood.

Training Officer: C. Relf.

Station Officers: J. Thom, A. Bunney, C. Donno, A. Mackay, F. Hurley.

The number of patient journeys covered by the directly operated Service was 92,208 and with 8,042 patient journeys covered by the Hospital Car Service the figure of over 100,000 was passed for the first time.

The Hospital Car Service was used to saturation point and on really busy days this left us with an overload of car patients. Serious delay problems arose particularly at mid-day when five factors combined to embarrass the Service, viz: (1) Staff had to be brought back from meal breaks. (2) Patients were delayed in being taken home from morning appointments. (3) Vehicles had to be despatched early in the lunch hour to get in the first afternoon appointments. (4) During the lunch-time rush hour '999' calls are always more numerous. (5) G.P.'s returning from morning home visiting of more seriously ill patients make hospitalisation arrangements on their return home at mid-day and demand vehicles for urgent afternoon admissions.

Men must, of course, be deployed on the emergency work and therefore the problem of the waiting sitting case patient, though ameliorated, was not fully solved by the use of the Hospital Car Service.

Part-time Women Drivers for Sitting Case Car Work

To help overcome the problem (also because suitable full-time male staff could not be obtained) an attempt was made to tap a fresh source of labour, namely the housewife willing to devote a few hours to helping the sick, but who would not wish to put in a full day's work owing to home commitments. As full-time establishment vacancies occurred each was filled by two part-time women drivers working a half shift each, one on in the morning and one on in the afternoon. This proved an immediate success, giving double coverage at mid-day periods, no lunch breaks to legislate for, and stronger cover at the beginning and end of each day, thus cutting down on the overtime.

The number and quality of the applicants too, was an extremely pleasing factor, and these ladies soon settled down and are doing extremely good work on behalf of the Service.

Further responsibility was placed upon the Ambulance Service to convey patients as follows:

Downs View Training Centre—Coldean

This consists of picking up children from their homes in various parts of Brighton and conveying them to the above establishment. Two minibuses were transferred from the Mental Health Section to the Ambulance Service and both are required for this work. One vehicle picks up in the Eastern section of Brighton and the other from the Western area. Routes are carefully mapped out to ensure that a child is on the vehicle for as short a period as possible. An escort is carried to look after the children and each individual child is provided with a safety belt as an additional precaution against mishap. Late afternoon sees a reversal of the 'pick up' arrangements when children are conveyed home.

"Eighteen" Club Rehabilitation Centre

After the Downs View journeys the minibuses are deployed in picking up various members of the above 'club' and taken to 18 Preston Park Avenue for

occupational rehabilitation treatment. After a period at the club, the members are taken home again.

Manor House Day Nursery

Each day a group of very young children are picked up by minibus from sundry homes scattered throughout the town and taken to the Nursery. Late in the afternoon the journey is made in reverse to take them home.

Health Department Occupational Therapy Department

Patients here are picked up and taken for treatment, also conveyed home afterwards by minibus in similar manner to other groups.

Night Sitters

With the formation of the night sitter services both by the Health Department and the Queen's Nurses, the Ambulance Service was asked to provide all transport necessary for the 'sitter' concerned as well as a pack containing articles likely to be wanted during the night. The duty laid upon Ambulance Staff was to see that everything was in apple-pie order for the comfort of the night sitter and patient before leaving the premises at night and also the following morning. During the year 216 'night sitter' duties were carried out.

Visiting the Elderly

Every weekend and on Bank Holidays the Ambulance Staff conveys the Geriatric Health Visitor's assistants on a pre-arranged programme of visits to the elderly—assisting the staff with their duties as and when the need arises. Sacks of coal, bundles of wood, tins of paraffin, sundry heaters, tins of self heating milk and soup, complete bed with mattress, sheets, pillows and blankets, are all kept at the Ambulance Station and if required the Ambulanceman will return to base to pick up this equipment.

Increases in Staff

Staff increases were necessary as a result of the introduction of the 40-hour week. For this reason the Service unfortunately lost over 100 man-hours a week but were granted 2 additional staff which allowed 80 man-hours a week to be compensated for, but 20 lost man-hours had to be absorbed. Taking over the two minibuses meant that two drivers were seconded to the Ambulance Service but there was little or nothing to spare in time as minibus work comprises a near full day's work for each vehicle. The Ambulance Staff was in fact increased by four drivers but as a result of the shorter working week was left with less working man-hours than before.

Sudden Illness in the Home

A Circular No. 11/66 on the above was issued by the Ministry of Health on the 15th July which stated inter alia:

'The Minister knows it is the general practice, in the case of sudden illness in the home, for the ambulance control to ask the caller to obtain the patient's doctor, or failing that another doctor, because it may be harmful to the patient to move him; it may also be unnecessary. He is aware too, that many ambulance authorities instruct their controls to make sure that the caller knows how to obtain a doctor and to help him to do so if necessary; and that some send an ambulance to stand by, so that no time is lost should the doctor decide that the patient must be taken to hospital, and arrange for their control to have discretion to instruct the crew of that ambulance to take the patient to hospital if no doctor can be obtained within a reasonable time.'

To carry out the above recommendations in full has been the practice in Brighton over the years and therefore no alteration in procedure was necessitated, but we do implement the final paragraph by instructing Control to contact the Doctor at the Royal Sussex County Hospital Casualty Department, present him with a complete picture of the problem on hand and act on his instructions. By this arrangement all cases of sudden illness in the home are moved on the authority of a doctor.

Resuscitation

Automan Resuscitators and Cape Suction Pumps were supplied to all ambulances in June. This apparatus was used no fewer than 229 times during the remainder of 1966 and cases recorded were divided as follows:

1. Respiratory Arrest—Successful 14; Unsuccessful 113. The majority were beyond help before the arrival of the Automan.
2. Unconsciousness with cyanosis—Successful 50; Unsuccessful 9.
3. Embarrassed breathing—Successful 41; Unsuccessful 2.

Training School

The success of the School is without doubt due to the untiring efforts of the Training Officer to keep the enthusiasm for training alive by making it interesting and variable.

The policy of periods of classroom work, alternated with attending and dealing with the actual emergencies on the road under the watchful eye of the Training Officer, paid dividends which cannot be calculated.

Control Room

This continues to be the envy of other Ambulance Services. Many officers from various Authorities have called to inspect, praise the layout, and take away the idea of this as a model Control Room for their prospective new Ambulance Stations. The pleasant surroundings have had a beneficial effect upon staff. The expertise of all concerned, the Control Officer in charge, the Station Officers engaged on vehicle deployment and the Control Assistants, have resulted in the absorption of the additional work occasioned by the recent vast increase in patient turnover as well as the pre-planning, route planning and deployment caused by taking over the transport problems of the various Mental Health Establishments. It is extremely satisfactory to note that (1) by streamlining our methods, (2) continually changing staff deployment to make the best use of all concerned, (3) training, and keeping the staff trained, to a high peak of efficiency, there have been no additions in Control Room personnel for the past 15 years in spite of the tremendous increase in patients from 53,000 in 1951 to over 100,000 in 1966. This indeed is a matter which the elected members may wish to note when one realises the extent of the extra work that the increase has entailed.

Efficiency

The Higher First Aid Certificate was instituted by the St. John and Red Cross to commence in 1966. Officers of the Brighton Ambulance Service decided to be the first to obtain this advanced Certificate. A course was immediately started by the Deputy Chief Ambulance Officer, at the Ambulance Station, in conjunction with Dr. Bailey of the Health Department, and officers attended voluntarily in their own time. Dr. Lindley of Portslade, who was the Examiner, remarked on the extremely high standard of the candidates. All the officers passed with flying colours.

Visits to the Ambulance Station and other Instruction to the Public

During the year 487 people of 30 local organisations visited the Ambulance Station. Talks were given on the Service and the visitors were shown the vehicles, equipment and Station.

Demonstrations with films were given on Expired Air Resuscitation mainly to 443 people from 11 organisations, while on 8 occasions trained projectionists were loaned to other departments to assist with Health Education.

National Safe Driving Competition

Twenty-four awards were gained in this Competition for 1966 by staff regularly engaged in driving who were not involved in an accident in which they were held to be blameworthy.

Regional Ambulance Service Competition

It is pleasing to note that the two men who represented Brighton acquitted themselves extremely well. This was their first experience of big competition work. To come fourth out of eleven entrants of such high calibre was extremely meritorious.

AMBULANCE SERVICE

QUINQUENNIAL AVERAGES

1956-1960 1961-1965 1966-1970 1971-1975

Total Mileage	400,000 350,000 300,000 250,000	274,078	297,065		
Total Patient Journeys	100,000 95,000 90,000 85,000 80,000 75,000 70,000	67,181	81,610		
Treatment, O. P., etc.	45,000 40,000 35,000 30,000 25,000	25,624	52,584		
Treatment Returns	45,000 40,000 35,000 30,000 25,000	24,147	30,562		
Hospital to Home	6,500 6,000 5,500	5,595	5,574		
Others	5,500 5,000 4,500	5,082	4,974		
Accident and Emergency	4,500 4,000 3,500	5,219	3,770		
Inter-Hospital	2,000 1,500 1,000 500	780	1,306		
Maternity	1,500 1,000 500	943	1,084		
Mental	1,500 1,000 500	1,029	1,045		
Infectious	1,000 500	236	219		
Far other L.H.A.	1,000 500	526	480		
Rail	1,000 500	777	695		
Patients carried by Hospital Car Service	4,500 4,000 3,500 3,000 2,500 2,000 1,500 1,000 500	295	815		
Miles per Case Journey excluding Rail and Hospital Car Service		4.1	3.7		
VEHICLES	Ambulances Cars Mini-buses	11 9 —	11 9 —		
STAFF	Officers Station Officers Driver-Attendants Women Drivers Clerk-Telephonists	2 5 31 4 3	2 7 39 2 2		
TOTALS		45	52		

ANNUAL FIGURES

1965 1966 1967 1968 1969 1970

	1965	1966	1967	1968	1969	1970
Total Mileage	291,968	536,752				
Total Patient Journeys	82,902	92,208				
Treatment, O. P., etc.	32,641	57,662				
Treatment Returns	50,694	55,485				
Hospital to Home	5,469	5,346				
Others	4,855	5,237				
Accident and Emergency	4,338	4,336				
Inter-Hospital	1,601	1,367				
Maternity	1,076	1,006				
Mental	1,152	1,003				
Infectious	198	172				
Far other L.H.A.	578	594				
Rail	549	475				
Patients carried by Hospital Car Service	2,377	4,011				
Miles per Case Journey excluding Rail and Hospital Car Service	3.5	3.7				
VEHICLES	11 9 2	11 10 2				
STAFF	2 7 41 1 2	2 7 38 7 2				
TOTALS	53	56				

*Full time equivalent

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

TUBERCULOSIS

Two of the total of three deaths from tuberculosis occurred in hospitals in the Brighton area.

9,925 attendances were made at the Clinic during the year, of which 2,506 were by new cases.

249 of the new cases were referred by the Mass X-ray Unit. Seven of these had active tuberculosis.

54 patients were visited by the Chest Physicians in their homes and in hospitals during the year.

366 new contacts of cases of tuberculosis were examined during the year, none of whom needed treatment in hospital for tuberculosis.

158 B.C.G. vaccinations were carried out at the Chest Clinic during the year. (See also p.56 for number of contacts.)

264 schoolchildren were X-rayed at the Clinic during the year, following positive tuberculin tests at school. Parents, who accompanied them, were offered chest X-rays. All had normal chest X-rays.

The total number of primary notifications during the year was 22 pulmonary and six non-pulmonary.

Rehabilitation

One case is maintained at the British Legion Village, Aylesford.

Supplementary foods

On the recommendation of the Consultant Chest Physician official orders for milk, butter and eggs are given to patients to hand to their suppliers. During the year 54 patients were supplied with milk and 9 with butter and eggs.

Occupational Therapy

Three sessions were held each week in the Health Department work-room with a Demonstrator in attendance. In addition the Demonstrator visited patients in their homes.

Patients attending Royal York Buildings	...	...	...	25
Total attendances	...	...	...	1662
Sessions held	...	...	...	155
Patients visited in their homes	...	...	...	17
Number of domiciliary visits	...	...	...	58

Social activities were also arranged and the Church Hall continued to be used for a gathering one evening each month.

Patients attending	...	...	...	...	...	19
Total attendances of patients	...	...	...	...	...	105
Total attendances of guests	...	...	...	...	...	73

In addition there were two fully booked coach outings during the summer to the country, followed by tea. The Group maintained a keen interest in outings and lectures etc. and visits were arranged to:

The Royal Pavilion
 Gas Board Cookery Demonstration
 New Police Headquarters
 Ambulance Station for tour and film show
 Tuesday night at the Dome
 Royal Marines Tattoo, Withdean Stadium.

The visits were well attended and were thoroughly enjoyed. It is hoped to arrange similar outings in 1967.

B.C.G. Vaccination of Contacts of Tuberculosis

137 B.C.G. Vaccinations were carried out at the Chest Clinic during the year

B.C.G. Vaccination of School Children (11 years of age and over)

	Maintained Schools		Independent Schools :	
Estimated Number of eligible pupils ...	1821		650	
Number of consents received	1720		362	
Number of skin tests	1490		343	
Positive reactors to skin tests	147		43	
Post vaccination positive	125		25	
Vaccinated	1059		260	
	1966	1965	1966	1965
Positive reactors as % of persons skin tested	9.9	3.3	12.5	7.5
Positive reactors + those vaccinated as % of the estimated number eligible...	66.2	77.7	46.6	54.1

There was once more a good acceptance rate for the skin tests. The positive reactors increased considerably and the number vaccinated decreased. Positive reactors were offered an X-ray at the Brighton Chest Clinic, and all had satisfactory results. Several parents of positive reactors also had X-rays and they also had satisfactory results.

Two Independent Schools closed in July 1965 and one closed in July 1966. One independent school postponed the B.C.G. team's visit from Autumn 1966 to Spring 1967.

Colleges of Further Education

The Sussex University, the Brighton College of Education and each of the Colleges of Further Education were offered B.C.G. skin tests and vaccinations for students who had not received B.C.G. vaccination before.

Consent cards received	109
Skin tests	101
Positive reactors to skin test	24
Vaccinations	37

The proportion of positive reactors is 24% compared with 37% during 1965.

Skin Tests and B.C.G. Vaccinations

A school nurse has given the skin tests and has inspected the B.C.G. vaccinations. The Medical Officer has attended the B.C.G. vaccination clinics to give the vaccinations.

During the summer term it was noticed that several children had, within a few weeks, been given a smallpox vaccination in the same arm as the B.C.G. vaccination. It is recommended that no other vaccination should be given in the same arm as B.C.G. vaccination for a period of six months.

Mass X-ray

The East Sussex Mass Radiography Unit is based in Brighton.

The Director of the Unit, Dr. B. G. Rigden, has kindly sent me the following particulars of examinations carried out in Brighton during the year.

<i>Age</i>				<i>Number X-rayed</i>		
				<i>Male</i>	<i>Female</i>	<i>Total</i>
15 and under	...	...	...	158	155	313
16/25 ...	...	...	...	3,793	2,598	6,391
26/35 ...	...	...	...	1,664	1,182	2,846
36/45 ...	...	...	...	1,571	1,561	3,132
46/59 ...	...	...	...	1,872	1,834	3,706
60 and over ...	...	...	...	1,051	925	1,976
Totals				10,109	8,255	18,364

Of the above total 2,606 people were sent by their family doctors to the Unit for X-ray examination.

Assistance from the Hedgecock Bequest

An allocation is made to this Department from a charitable bequest which is used mainly for the benefit of patients suffering from tuberculosis and for the aged.

Expenditure during the year was as follows:

	£	s.	d.
Grant for nursing home care pending admission to hospital... ..	40	19	0
Maintenance of paralysed woman in home and hire of ripple bed	38	16	6
Grant for special nursing care	38	0	0
Furniture and furnishings	10	19	6
Materials for redecorating homes of old people ...	51	8	1
Rent and licence of television sets	15	19	6
Assistance with arrears of rent	15	0	0
	£211	2	7

Travelling assistance

Grants were made in two instances to assist relatives to visit patients in hospital.

CHIROPODY SERVICE

The demand on the service has been increasingly heavy throughout the year, which has caused delays in re-appointments. An increase in staff is planned but as yet it has not been possible to clear the waiting list. The present staff consists of two full-time (one of whom has been on the sick list since November) and two part-time Chiropodists. One full-time Chiropodist left half-way through the year to enter private practice, and a long period ensued before it was possible to replace her.

Given below are statistics for 1966 with comparable figures for 1965 in brackets.

Number of patients:	Aged	...	...	1427	(1285)
	Others	...	...	24	(25)
				1451	(1310)
Number of treatments:	Clinic	...	...	3610	(2867)
	Domiciliary	...	...	3484	(3047)
				7094	(5914)

YELLOW FEVER VACCINATION

The Vaccination Centre is open on Wednesday and Thursday afternoons at 4.30 p.m. Attendance is by appointment only.

1,180 persons were vaccinated against Yellow Fever in 1966, 95 less than in 1965.

CONVALESCENT HOLIDAYS

Recuperative holidays have been arranged for 130 residents of Brighton this year. Many voluntary contributions towards the cost of fees have been received. In some instances contact established through medical recommendations for convalescence has revealed the need for services to be provided by other departments of the local authority and by voluntary agencies.

Cases accepted for assistance

					<i>Referred by G.P.'s</i>	<i>Referred by others</i>
Children	...	...	...	...	1	—
Mothers and Children	...	...	...	...	1 & three children	1 & 1 child
Adults	...	...	...	...	21	—
Geriatrics	...	...	...	...	99	3

Subsequently, arrangements for four adults (geriatrics), were cancelled.

Financial assistance is given in the majority of cases to the elderly both for purposes of relative relief and recuperation, but other categories of people are also helped on the recommendation of medical consultants and general practitioners.

(1) A recuperative holiday was arranged for a middle-aged widow and her seven-year-old daughter on the recommendation of a consultant psychiatrist. She was being treated for severe depression following the death of her husband six months previously, and had been employed as a domestic help in a local hospital for many years. On her return she wrote that she had been able to do without drugs while she was away and hoped that she would not have to resort to them again.

(2) A local general practitioner recommended a holiday for one of her patients, a middle-aged woman, suffering from an incurable disease for which she had undergone three major operations over a period of time. The husband was giving his wife devoted care and she had the services of a daily home help while her husband was at work. She was in need of a change of environment and her husband was badly in need of some relief and relaxation. Both have expressed their gratitude for the benefit they derived from this holiday.

(3) A young deserted wife with two children developed a paralysis of her legs after a sudden severe shock. Friends cared for her children and she was sent away on a recuperative holiday to a family who cater for the needs of many of our local residents. She gradually found her feet again and by the end of two weeks was able to return and care for her children once more.

BRIGHTON CANCER PROJECT

As mentioned in my Report for 1965 the Project commenced in August of that year.

This voluntary society, with the support of press and other enthusiastic workers, was able to raise funds which made possible the training of 20 women to examine smears, buy all the necessary equipment and pay for the skilled clinic staff which carried out the examinations.

The results of the first full year of working in 1966 are impressive. Of 5,574 women over 30 years of age examined both for abnormalities of the cervix and breast, conditions were found and referred to the family doctor as follows:

28 cases of cervical cancer or pre-cancer, all of whom have had surgical attention.

100 breast conditions requiring further investigation.

439 other conditions (glycosuria, albuminuria and gynaecological) requiring attention.

CERVICAL CYTOLOGY CLINIC							
	Attendance	Positives	Breast	T.V's	Other conditions	Glycosuria	Albuminuria
January ...	616	4	10	13	21	1	4
February ...	601	1	8	13	23	12	1
March ...	672	3	20	18	21	4	2
April ...	551	3	11	11	19	8	1
May ...	601	—	3	13	23	7	2
June ...	622	3	8	15	20	3	2
July ...	524	6	17	38	5	8	2
August ...	183	—	1	2	11	1	—
September	350	5	10	18	20	1	1
October ...	212	1	2	18	1	2	1
November...	372	—	6	3	19	2	—
December...	270	2	4	21	7	1	—
Total ...	5574	28	100	183	190	50	16

I am indebted to the Director of Welfare Services for the following information on blindness, epilepsy and spastics:

INCIDENCE OF BLINDNESS

Follow-up of Registered Blind and Partially Sighted Persons

	CAUSE OF DISABILITY			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during the year in respect of which Section F of Forms B.D.8 recommends:				
(a) No treatment ...	3	—	—	25
(b) Treatment (medical, surgical or optical) ...	12	12	—	29
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ...	5	11	—	26

In the above table the figures given relate to the primary ocular diseases given on forms B.D.8, but in

- (i) (a) Complications and sequelae are given in 11 cases, of which 6 are Cataract and 5 others.
 (b) Complications and sequelae are given in 24 cases, of which 12 are Cataract, and 12 others.

Of the 53 cases in (i) (b) 49 were already patients at an eye hospital, and 42 of these remain so. Two have died since registration, for two surgery may be possible later, one whose health is rather poor has not yet agreed to have treatment, one refuses treatment, and one has since removed from the area.

Of the remaining 4, two are prevented from having treatment by their general health, one has not yet decided whether to have treatment, and one died soon after registration.

The number of Forms B.D.8. received in respect of persons newly certified as blind or partially-sighted was 81.

Ophthalmia Neonatorum

(i) Total number of cases notified during the year	2
* (ii) Number of cases in which:	
(a) Vision lost	—
(b) Vision impaired	—
(c) Treatment continuing at end of year ...	—

* 1 non-resident born in Brighton hospital, no information available.

EPILEPTICS AND SPASTICS

1. EPILEPSY

At the end of the year there were 35 epileptics on the Handicapped Persons' Register maintained by the Welfare Services Department.

Part III Accommodation

Four adults were at the Chalfont Colony, there being one female admission from Brighton during the year. One woman was maintained by the Department at the Meath Home, Godalming.

Employment

Four people were in full-time employment.

Educational

Four children were maintained at the Lingfield colony by the Brighton Education Department.

General

Two adults remained at St. Francis' Hospital. One woman continued to attend the Welfare Services Department Craft Centre. One man attended the Health Department's Occupational Therapy Classes.

(NOTE.—This information is based only on those people included in the Register.)

2. CEREBRAL PALSY

At the end of the year there were 34 persons on the Register.

Part III Accommodation

Nine people remained in Part III accommodation maintained there by the Welfare Services Department. One of these remained in the Corporation old folk's home and one occupied a welfare bed at Brighton General Hospital. The remainder were in homes run by voluntary organisations.

Holidays

The Welfare Services Department assisted the local Spastics Society in arranging holidays for two spastics, meeting the full cost of one case and contributing towards the cost of the other one.

Educational

Two girls were maintained by the Education Department at the Chailey Heritage Hospital School and one boy remained at Craigy Parc Residential School. Another lad was under the care of the Children's Department and remained at a special school.

Appliances

Two Amesbury Chairs were withdrawn during the year by the Welfare Services Department, and a further one issued.

Employment

Three girls remained in full-time employment.

(NOTE.—This information is based only on those people included in the Register.)

MENTAL HEALTH SERVICE

Senior Assistant Medical Officer of Health:

Dr. MARGARET SPENCER (to October 1966)

Dr. P. M. BROWN (from October 1966)

Chief Administrative Mental Health Officer:

Mr. T. RASMUSSEN to September 1966 and

Mr. L. MEADWELL from that date

The steady growth of the Mental Health Service has continued during the year and from the ever-increasing number of patients and their families who receive help from it, the true meaning of community care and its potential value can easily be discerned.

The Downs View Training Centre for both junior and adult subnormals as, in keeping with previous years, demonstrated the effectiveness of its contribution. This Centre which was built as the result of considerable research and investigation, is part of a planned programme for the care and training of the mentally subnormal under the Mental Health Act, 1959. Trainees are conveyed daily by minibus or private coach to and from the Centre.

Classroom facilities can be compared with those found in any primary school and the generous staffing ratio of one staff to approximately 10 children allows individual attention and tuition. Progress through the Junior Section of the Centre is dependent on the individual trainee's ability rather than on chronological age.

When a subnormal person attains the age of 16 years he is transferred from the Junior Section to the Adult Section at Downs View. A wide variety of training and industrial contract work is carried out. In addition, trainees, according to their ability, take part in a most comprehensive social training programme.

Social training of the subnormal is a term loosely used when speaking of training facilities. It became increasingly obvious that the opening of the Industrial Training Centre for subnormal adults at New England House called for maximum attention to this aspect of training if there was to be a chance of introducing any mentally subnormal adult into open industry.

Two new classrooms are included in extensions being carried out in the Junior Training Centre and will be in operation in 1967.

Through the kindness of a generous donor, an outdoor swimming pool has been provided for the use of the Trainees. Work in connection with installation and heating is in hand and it is expected that the pool will be in operation soon.

I would like to express my thanks to the students of Sussex University who, for a period of six weeks, provided a social club on one evening per week at the University for the Trainees at Downs View. The students arranged and organised the social activities and also provided a Christmas party. Members of the staff at Downs View also attended with the Trainees. Students take a great interest in the Training Centre and a number regularly attend and help with the children.

New England House Industrial Training Centre for adult subnormals was opened in September of this year. It occupies 9,000 square feet in the South wing of the sixth level of this purpose-built factory block. The aim of the industrial training centre may be described as twofold. Primarily efforts are directed towards introducing as many trainees as possible into remunerative employment in the community. Secondly it gives permanent employment to selected subnormal adults who because of their degree of disability are unable to compete in open industry but can nevertheless attain the standards required for effective productivity within the unit.

Trainees are usually transferred to the centre after an initial period of assessment at Downs View Training Centre. Such assessment lays emphasis on the need for social training, and trainees do not qualify for transfer to New England House until their training has reached a level where their social behaviour and ability permits them to utilise public services unaided. Such training is both expensive and very demanding: it makes heavy inroads into the working time of training centre staff and it deprives the Downs View Training Centre almost daily of the working time of one Assistant Supervisor, who spends much of his or her time in the community with either one or two trainees, instructing them in the correct use of public transport between home and New England House, road safety, interpretation of public signs, shopping, money values and usage. This training programme continues until such time as a trainee, under the watchful eye of his teacher who stands at a discreet and safe distance, can satisfactorily progress from point A to point B in the community, without causing any embarrassment to himself or other members of the public.

Training is carried out by qualified staff mainly through the medium of actual contract work, but also by the manufacture of our own products. This is done in an atmosphere of realistic industrial conditions. The training is divided into three basic categories:

(a) *Industrial*. This work is done wherever possible on a production line basis. This maintains a steady flow of work and also adds stimulus to the pace of the individual trainees. It is considered by the unit staff to have two main advantages:

- (1) prevents trainees from piling up work on their part of the bench;
- (2) creates a certain amount of controlled but realistic pressure on individual trainees, and helps stimulate continuous work output. An ingenious method of shute conveyor system enables work to progress steadily and retains the interest of trainees.

Quality and quantity of work pass through repeated checks before final completion of the product. For one specific contract the work has been counted by weight on a simple but effective weighing device built in the workshop. This is supervised by trainee manpower: this checking system has been so successful that the manufacturer concerned now allows the workshop to seal and label cartons of goods for direct delivery to the customer. By so doing the workshop has shown that it can be used as an effective industrial link between manufacturer and retailer.

The use of jigs and simple tasks means that quite complex work can be broken down into simple and manageable processes. As well as the use of tools, trainees are taught to use and respect machinery.

(b) *Laundry*. The centre incorporates a compact industrial laundry in which those subnormals readily adaptable to repetitive machine operating work may be trained and become conversant with all aspects of laundry work.

(c) *Social Training*. As already mentioned, social training commences at the adult training centre, and a trainee must have progressed to a required standard before transfer to New England House may be effected. It is one aspect of training which is never lost sight of, and a planned programme according to individual requirements is carried out. It is of paramount importance when planning an individual's transition from the industrial centre to competitive employment outside where there is need for re-education in the use of bus services and other public utilities, to ensure that the trainee's entry into open industry will be as smooth as possible.

Even the canteen is used for social training at New England House. This is a cafeteria and reproduces conditions experienced in any factory canteen. Trainees collect their own meals and settle down with their own friends with whom they dine and converse during the dinner break.

The trainees have themselves helped to create their own centre. They have constructed all the tables and work benches, helped to install machinery and built the tool stores. Contract work at present includes:

Sub-assembly of plastic components.

Three part assembly of aerosol valves.

Assembly of spray nozzles involving cutting polythene tubing to precision lengths.

Repairing and re-conditioning large toys for Day Nurseries.

Laundry contracts for Corporation hostels and clinics.

Manufacture of Club Crests and Badges of our own design for presentation purposes.

Football rosettes manufactured using methods devised in the Centre. These are sold direct to Football Supporters' Clubs.

All work carried out is of a competitive quality and a fair price is charged. Trainees are in receipt of Social Security Grant or Sickness Benefit, but in addition receive pocket money on a variable scale, according to ability, productivity and attendance, etc.

FIELDWORK SERVICES

1) *Mental Welfare Officers*

Mental Welfare Officers have throughout the year provided a 24-hour coverage to the Brighton community. In this way every conceivable psychiatric emergency is given full coverage and immediate attention from the Mental Welfare Officer. These officers are appointed by Local Health Authorities under Section 6 of the Mental Health Act, 1959, for the purpose of statutory duties under the Act, which include the making of applications for detention of patients and their compulsory removal to hospital. Such is the quality of the

Mental Welfare Officers' contribution in arranging compulsory admission to hospital that in present-day society he meets less frequently the aggressive patient who, because of his lack of insight, fear, ignorance and mental torment is prepared to resist physically any form of help. Nevertheless, isolated cases of this type are still encountered by the Mental Welfare Officer and at such times he may be exposed to extreme danger. No other official or social worker carries responsibility of such magnitude or is exposed to these hazards in his day to day work. Such factors should not be lost sight of in evaluating the Mental Welfare Officer's contribution to the community care programme.

The Mental Welfare Officer's role in any progressive Mental Health Service can be seen as an ever expanding one, giving full social coverage to patients, families and friends, regardless of the type of mental disorder present. Broadly speaking, they may be divided up under two main headings which are as follows:

(2) *Pre-Care*

Patients are referred by General Practitioners, Psychiatrists, Health Visitors, Probation Officers, Child Care Officers, families, friends, or any other agency, either statutory or voluntary.

Working closely with the family doctor, such cases are investigated and where necessary, out-patient clinic appointment arranged. Above all else, working relationships are established with the patient and his family. Family dynamics are strengthened by the involvement of the Mental Welfare Officer who is able to help individuals recognise their strengths and weaknesses. Problems ranging from finance, fear and sexual frustration, to apathy, aggression and hostility, are frequently met. By objectively dealing with these problems as they arise the Mental Welfare Officer assists the family doctor in determining the need for psychiatric investigation or treatment and affording essential casework help.

Frequently the need is for out-patient investigation, domiciliary consultation or admission to hospital. Whatever the need the Mental Welfare Officer must be able to expedite the most advantageous way of dealing with the case. He must be ready to make arrangements and convey, if necessary, the patient to his clinic appointment, assist the family doctor to obtain domiciliary visitation from Consultant Psychiatrist and to be on hand during the consultation, if requested.

Clear and precise records of the patient's social case history play an important part in assisting the family doctor and psychiatrist to treat any specific patient and this is another essential part of the Mental Welfare Officer's role in Pre-Care work.

Frequently, patients referred do not require the services of a Consultant Psychiatrist or out-patient clinic. Such cases may be satisfactorily dealt with after one or two visits by the Mental Welfare Officer. However, a very large number of cases referred for help of the Mental Health Section are made up of social rejects, family outcasts and problem families who, because of their many inadequacies, have been unable to use to full advantage the services of other agencies and subsequently may have been rejected by the agencies concerned. Such cases inevitably reach the records of the Mental Health Service and remain as a constant challenge (or depressing thought) to the Mental Welfare Officer.

(3) *After-Care*

It is generally agreed that good after-care commences before a patient is admitted to hospital, and it can therefore be seen that good pre-care is an essential build-up towards a patient's recovery and effective return to the community. After much discussion and joint negotiation between the Medical Officer of Health and Mental Health staff with the Physician Superintendent and Medical staff of St. Francis Hospital and other hospital units which accept

mentally ill patients from this area, it was agreed that close liaison between hospital staffs and Mental Welfare Officers improves the method of communication between hospital and community services. It also enables Mental Welfare Officers to retain a closer link with patients whose admission they had arranged, where a working relationship had already been established, and where continued care and supervision was likely to be needed following discharge from hospital.

The attachment of Mental Welfare Officers to each of the Psychiatric teams at the hospital is proving to be an immeasurable success, each officer affording a service recognised by the patients as that essential link with the community and means by which the social content of recovery (which goes arm in arm with clinical treatment) is going to be implemented. Psychiatrist and Nurses in turn equally recognise the value of the service given by Mental Welfare Officers in this way.

The Mental Welfare Officer's knowledge of a patient's history prior to discharge enables him, under psychiatric direction, to visit relatives and friends, arranging for them to visit the patient in hospital and assist them to view objectively the patient's possible return home. It is at such times that casework skills of the Mental Welfare Officer are of great value, allowing relatives to talk freely about their fears and apprehensions. These are usually associated with the patient's condition previous to his admission to hospital. These no longer exist yet are still very much to the fore in their thoughts. This casework help to relatives, friends, and even employers, is time-consuming and demands a major portion of the Mental Welfare Officer's time if it is to be carried out effectively, and recognised by relatives and friends as a helpful part in the patient's recovery.

The patient's feelings of anxiety associated with anticipated home-coming also require full attention, and the Mental Welfare Officer in most cases must establish a working relationship with the patient so that he may be used as the "social crutch" on which the patient can lean until he has established his social identity again.

Staff

Mr. L. Meadwell commenced duty on the 1st September, 1966, as Chief Administrative Mental Health Officer in place of Mr. T. Rasmussen (who retired after 34 years' service with the Brighton Corporation during which his unflinching devotion to duty and patient and thorough attention brought comfort and succour to the mentally distressed and to their families).

During the year one Mental Welfare Officer was away on a two year Course for the Certificate in Social Work, at Chiswick Polytechnic, and the Trainee Mental Welfare Officer (a graduate from Sussex University) who was appointed last year settled into the work of the Mental Welfare Officer establishment very successfully. In October, 1966 the officer concerned returned to the University for a 1½ year training Course leading to the Diploma in Social Work.

Other officers have attended Conferences and short term courses in connection with their work during the year.

A further graduate Trainee Mental Welfare Officer was appointed in October and is now undertaking in-service training.

DAY CARE AND RESIDENTIAL ACCOMMODATION

Informality and community care is the keynote of any local Health Authority mental health service. The Mental Welfare Officer with his new enlightened approach, together with the family doctor, psychiatrist, other agency workers, families and friends, endeavours to implement this concept. Personal effort in itself is, however, not sufficient as material provision is necessary to support and augment casework skills.

(1) *Day Care at the 18 Club*

In this respect the Brighton County Borough should compliment itself on having what can be described as one of the most up-to-date Craft and Social Centres in the country. It is not just a show piece but an integral part of the mental health service, offering supportive help, therapeutic techniques and a positive pathway to independence for those mentally ill persons who require the specialised facilities of the Centre.

The Centre is staffed by a Warden and his deputy who, with their knowledge, experience and understanding of the problem involved are able to help individual patients to harmonise confidently in this sheltered environment.

Initially it was intended that attendance would be for a specified period of 12 months. However, experience has shown that many patients cannot function successfully without the club facilities and quickly regress so that intensive General Practitioner and Psychiatric services are required until return to hospital is necessary. Other patients are able to progress, leaving the club behind, only to find that within a short time they need to return for a further period of help and understanding. Broadly speaking, the '18' Club has now come to be recognised as a safe harbour for those mentally afflicted who need to return at infrequent intervals for the social support and understanding help which the club offers.

It may be mentioned here that the pottery kiln which was installed at the '18' Club last year has proved very successful and the Club members, under the guidance of the Occupational Therapist, are taking an interest in this activity and producing some attractive work. They are experiencing a great sense of achievement when they see the finished articles after firing and glazing.

(2) *Day Care for the Elderly Mentally Infirm*

This need has become increasingly obvious throughout the year and steps are being taken to convert Beech Cottage, Woodingdean, into an interim day centre for our more senior citizens who have become mentally confused. As a long term proposal a site in Mighell Street has been earmarked for a purpose built unit and there is evident urgent need for similar type accommodation of a residential nature.

(3) *Residential Accommodation*

The Authority's first residential hostel for the mentally ill was opened in February 1966. It is restricted to a small 8-bedded hostel for adult females who require as part of their rehabilitation to reside in protected environment for a limited period.

The hostel, which is situated at 79, Stanford Avenue, is intended to provide temporary residence (not exceeding six months) with comprehensive psychiatric and casework supervision whilst affording simple basic training and supervision in household management, social and economic planning. It affords an emotional atmosphere and family unity which takes into consideration any strange or bizarre behaviour which is, from time to time, encountered so that residents are eventually able to return to an independent life in the community.

It is evident that much more residential accommodation of the hostel type is necessary if we are to give a comprehensive community service. This is especially obvious in the absence of residential accommodation for the mentally subnormal. Although a hostel for mentally subnormal children is to be opened at 83 Beaconsfield Villas early in 1967, there is still no sign of similar type accommodation for the adolescent and adult subnormals whose residential needs are at times much more acute.

Wherever possible patients returning to the community, sometimes after long periods of hospitalisation, are cared for by understanding, well-meaning

relatives and friends who are able to offer comfortable home conditions, but this is not always the case and the Mental Welfare Officers must then resort to attempts at finding suitably interested and able landladies who are willing to act as substitute parents and give the care and attention a mentally disordered person requires. Regrettably, we find that the small number of landladies prepared to accommodate mentally disordered persons are encouraged to give notice to quit in the summer months because the Authority's supplementation of the patients' income falls far short of the more lucrative income which comes from summer visitors.

Mental Nursing Homes

As at 31st December, 1966, there were four registered mental nursing homes in the Town, providing accommodation for 44 informal patients. These homes have been visited and inspected by the Senior Medical Officer as required by the Regulations.

CASE HISTORY

An example of the Mental Welfare Officer's work and his ability to utilise available services is typified in the following case history.

"Miss X, a 42-year-old lady of limited intelligence with no known relatives or friends was first referred to the Mental Health Section in 1955. She resided alone at that time and lived in a small flat in deplorable conditions, was unkempt, neglecting her personal hygiene and diet, etc. She had also become acutely mentally ill and was acting in a rather strange bizarre manner.

Initially, efforts of the family doctor and Mental Welfare Officer were directed to retaining Miss X in the community. The assistance of the landlady, a kind, understanding, elderly person, was obtained and much effort went into the medical and social rehabilitation of this patient.

By such efforts the person was maintained in the community for 10 years, until in 1965 there was a marked deterioration in her mental and physical condition with associated aggression and refusal to accept medical treatment. Psychiatric investigation revealed urgent need for the immediate admission of Miss X to Psychiatric hospital. There her condition slowly resolved and after several months of hospitalisation she was ready to return to the community.

The Mental Welfare Officer was then asked by the hospital authority to help expedite the discharge of Miss X, but unfortunately the tolerant kind and understanding landlady, who before admission had cared for Miss X, was no longer able to offer accommodation because of her own increasing years and frailty. There being no other suitable protected accommodation Miss X, with her agreement, was admitted to the hostel at 79, Stanford Avenue, and because of her unemployability arrangements made for her to attend daily at the Department's Craft Centre.

The close understanding attitude of the Matron and staff of the hostel, together with the casework support of the Mental Welfare Officer and hard work of the staff at the Day Centre, gradually brought about a more socially acceptable person who was able to relate with others around her. Movement, however, was not always forward movement and members of staff were frequently exposed to anxiety and frustration as, from time to time, she presented episodes of apathetic indifference towards their efforts or acted in a bizarre manner. This was very noticeable when after a few months in the hostel she visited a well-known local store and walked out with a new pair of shoes before having paid the bill. On that occasion the police were extremely sympathetic and no charge was made against Miss X who, despite the investigations and hustle and bustle of the staff concerned in trying to help her, remained oblivious to the disruption of the smooth running of the hostel.

Eventually Miss X's progress warranted consideration for her to be placed in protected accommodation within the community and we were fortunate enough to be able to place her with a kind, understanding landlady in a private house with a more complete family atmosphere. She has settled down remarkably well, is still supervised by the Mental Welfare Officer who visits her frequently in her new home and she still attends daily at the Day Centre where reports on her progress continue to be a compliment to the efforts of all those whose energies are used in maintaining her in the community".

It is recognised that because of her mental condition Miss X may at any time produce an exacerbation of her mental symptoms. This, to a great extent, is unavoidable. However, the above example illustrates how a mentally ill person recovering from a psychotic episode can be helped to find true community identity and how relative services available may be used most effectively.

Mental Health Week

A Mental Health Week was arranged nationally from the 5th to 10th June 1966, with the theme "Compassion for the Mentally Ill". This Department co-operated in this by arranging Open Days at the various establishments and by public lectures and film shows on the subject, which were reasonably well attended. His Worship the Mayor (Alderman Mrs. K. Watson-Miller) very kindly assisted by officially opening the week at the Psychiatric Unit at Brighton General Hospital and paying official visits to the Downs View Training Centre and the '18' Club.

Liaison with Hospital and neighbouring Authorities

Regular meetings are arranged at which senior officers of the Authority can exchange views and information with their colleagues from hospitals and Authorities in the area. This is most useful in smoothing out difficulties and gives an opportunity to provide a more unified service for the community as a whole.

I have to report that during the year covered by this Report, the Mental Health Service lost two of its senior officers by retirement, viz:

Dr. Margaret Spencer who for some years was responsible for the medical side of the work. Dr. Spencer took particular interest in the welfare of the sub-normal children and adults under our care and was very much involved with the work of our training centres.

Mr. Turnbull Rasmussen who as Chief Administrative Mental Health Officer was responsible for the general administration of the Section and its establishments and rendered sterling service in the intricate arrangements and details involved in the planning of revised and improved services under the Mental Health Act of 1959 as well as the establishment of the Downs View and New England House Training Centres.

I should like therefore in this Report to record my appreciation of their service and help to the Department over the years and to take this opportunity of expressing to them my best wishes for a long and happy retirement.

Statistics

Statistics relevant to the Mental Health Section throughout the year are detailed in the following tables:

TABLE I
Number of Persons Referred to Local Health Authority during year ended 31st December, 1968

SOURCE OF REFERRAL	MENTALLY ILL				PSYCHOPATHIC				SUBNORMAL				SEVERELY SUBNORMAL				TOTALS
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
(a) General Practitioner																	188
(b) Hospitals																	246
(c) Local Education Authorities ...																	12
(d) Police or Courts																	14
(e) Other sources																	227
(f) Totals																	687

N.B.—Out of a grand total of 687 cases referred to the Mental Health Service, 337 patients required hospitalisation. Of those remaining in the Community who required psycho/medico/social help, this was administered by General Practitioners, Psychiatrists and Mental Welfare Officers, the remainder being given advice and, where appropriate, passed on to the relevant agency.

TABLE II
Hospital Admissions and Guardianship — Mental Health Act, 1959

	Section 5 (informal)	Section 25	Section 26	Section 29	Section 60/65 (other powers)	Section 33 (guardianship)	TOTAL
Mentally ill and Psychopathic ...	89	73	14	129	8	1	314
Sub-normal and severely sub-normal ...	20 (short term care)				3		23
							337

TABLE III
Training Centres

	Number on Register at 1/1/66	Admissions	Discharges	Number on Register at 31/12/66
Downs View Junior ...	68	23	26	65
Downs View Senior ...	61	10	28	43
New England House adult industrial	(opened on 12/9/66)	29	1*	28

* To outside employment.

TABLE IV

Hostels

	Admissions	Discharges	Number of residents on 31.12.66
79 Stanford Avenue (opened in February, 1966)	14	7	7

TABLE V

Day Centres

	Number on register on 1.1.66	Admissions	Discharges	Number on register on 31.12.66
18 Preston Park Avenue (‘18’ Club)	61	34	2	93

BRIGHTON PUBLIC MORTUARY

The day-to-day administration is carried out by Mr. H. G. Garrett, the Superintendent of the Cemeteries and Crematorium.

There were 329 admissions to the Municipal Mortuary and 304 post-mortem examinations were carried out. The numbers are less than the previous year and I believe the reduction to be due simply to a variation in the number of instances where the circumstances of death have necessitated reports to the Coroner.

The installation of the air purifying apparatus in the refrigerator cubicles was completed during the year and is satisfactory.

CREMATIONS AT MUNICIPAL CREMATORIUM

2,085 cremations were carried out at the Municipal Crematorium at Woodvale, Lewes Road, during the year. This is an increase of 404 over the number for the previous year.

JOINT ADVISORY COUNCIL FOR OCCUPATIONAL HEALTH

During 1966 seven meetings were held in addition to the Annual Conference of all Advisory Councils at B.M.A. House, London.

The main topic was the Control of Food Hygiene in Industrial Canteens. Comments on resolutions passed at the Conference were later received from the Caterer's Association of Great Britain, the Department of Education and Science, the Medical Research Council and the Food Hygiene Advisory Council, Ministry of Health.

During September at the Sussex/Normandy Fair, Hotel Metropole, a nine-day exhibition was held on Safety in Industry. It stimulated interest on both sides of industry and was visited by parties of school leavers and parties from technical colleges. It received Press publicity and there have since been many enquiries regarding the Joint Advisory Council and requests for speakers.

The Joint Advisory Council continues its collaboration with Brighton Corporation in connection with the implementation of the Mental Health Act, 1959.

The Medical Officer of Health's secretary, who was Joint Honorary Secretary, retired during the year but continued to give valuable service in her honorary capacity.

WATER

I am obliged to Mr. J. R. Fairbank, A.M.I.C.E., M.I.W.E., F.G.S., A.M.B.I.M., Engineer and Manager, for the following details of the Brighton Waterworks Undertaking.

The water supply of the area has been satisfactory in quantity and quality.

Bacteriological examination of raw waters were made at weekly intervals in the Department's Laboratory except in certain instances where bacteriological pollution was present in any raw water when samples were examined daily. The treated waters at all stations have been examined on a daily basis. The total number of raw and treated water samples taken from each of the pumping stations together with a summary of the bacteriological results obtained is given below:

<i>No. of Samples Examined</i>	<i>No. showing presence of Coliform Organisms in 100 ml.</i>	<i>No. showing presence of E. Coli. in 100 ml.</i>	<i>No. showing Coliform Organisms absent from 100 ml.</i>
3763	193	159	3570

Colony counts at 22°C. after three days and 37°C. after one day's incubation were, except in the case of Mile Oak, generally low in number. Three samples of treated waters out of a total of 3,221 examined showed the presence of coliform organisms. It is felt, in view of the presence of the correct amount of chloramine in each of these samples, that such results were due possibly to faulty sampling or examination technique.

Daily samples of raw and treated waters were again taken at Mile Oak Pumping Station from 30th June to 30th December as a result of pollution of the underground water following upon heavy rainfall during June of last year. The pollution was of such a nature that the Surveyor of the Portslade Urban District Council was requested to examine further the sewer in the Mile Oak area, even though this had been investigated and repaired in the vicinity of Mile Oak Pumping Station during the latter half of 1965. The results obtained during December of 1966 show that as faults in the sewerage system are uncovered and repaired, pollution of this water is getting progressively less. Abbreviated chemical examinations were carried out at weekly intervals throughout the year on all raw waters and a general chemical and mineral examination has been made on six samples of each of the Department's sources. Copies of the reports on these examinations made on all raw waters in November 1966 are appended.

Chemical analysis (expressed in mgm per litre)

	Date taken	pH	Alkalinity (CaCO ₃)	Chlorides (CL)	Ammoniacal Nitrogen (N)	Albuminoid Nitrogen (N)	Oxidised Nitrogen (N)	Oxygen Absorbed (3 hrs. at 27°C)	Temp. Hardness (CaCO ₃)	Ferm. Hardness (CaCO ₃)	Total Hardness (CaCO ₃)	Fluoride (F)
Patcham...	16-11-66	7.4	177	21.7	Nil	0.038	3.8	0.16	177	24	201	<0.1
Mile Oak...	8-11-66	7.35	176	24.8	Nil	0.048	4.8	0.20	176	35	211	<0.1
Goldstone	3-11-66	7.2	201	33	Nil	0.022	5.9	0.10	201	57	258	<0.1
Lewes Road	8-11-66	7.3	175	36.3	Nil	0.038	7.8	0.12	175	59	234	<0.1
Balsdean...	8-11-66	7.3	179	40	Nil	0.032	6.75	0.14	179	34	213	<0.1
Falmer ...	8-11-66	7.35	202	30.8	Nil	0.052	4.95	0.20	202	44	246	<0.1
Aldrington	3-11-66	7.15	219	38	Nil	0.017	11.1	0.10	219	75	294	<0.1
Sompting	16-11-66	7.4	182	23.9	Nil	0.017	5.25	0.10	182	31	213	<0.1

Bacteriological examinations together with chloramine determinations have also been made on 974 samples of water from service reservoirs. Of this total seven samples showed the presence of coliform organisms in low numbers. Two of these were taken from Telscombe Reservoir, two from Lancing North Reservoir and one from High Park Reservoir.

A total number of 9,395 samples were examined in the Department's Laboratory during the year. Of these, 3,373 samples were submitted from the Worthing Water Department.

Since all the water is obtained from the chalk, there is little likelihood of any blumbo solvent action and no evidence of such action is apparent.

Chlorination with post ammoniation of all raw waters is practised continuously with the exception of the pumping stations at Patcham, Mile Oak, Sompting and Lewes Road, where super and dechlorination is utilised before the addition of ammonia to form chloramine in the final treated water.

In the event of any raw water showing evidence of bacterial pollution, sampling is increased to daily intervals and a survey of the catchment area is made in an effort to locate the cause of such pollution. In addition, if it is considered necessary appropriate adjustment of those gas dosages used in the sterilisation process is made.

The population supplied from public water mains direct to the houses is as follows:

					<i>Estimated Population 1966</i>	<i>Estimated Direct Supply</i>
Brighton C.B.	...	...	...	...	162,500	54,423
Hove M.B.	...	...	...	...	72,600	26,018
Lewis M.B.	...	...	...	...	14,070	5,169
Portslade U.D.C....	...	...	...	...	18,130	5,973
Southwick U.D.C.	...	...	...	...	11,900	4,072
Shoreham U.D.C.	...	...	...	...	18,230	5,983
Lancing—Worthing R.D.C.	...	...	...	...	14,904	5,879
Pyecombe—Cuckfield R.D.C.	...	...	...	...	326	57
Chailey R.D.—Parishes ...	...	...	...	...	6,359	2,150
					<hr/> 319,019 <hr/>	<hr/> 109,724 <hr/>

SEWERAGE AND SEWERAGE DISPOSAL

The town is on main drainage with disposal to a sea outfall on the coast outside the borough boundary.

The services provided and the method of disposal are adequate and are not a risk to health.

Photographs following this page

HOSTEL FOR MENTALLY ILL, OPENED THIS YEAR

- (i) General view
- (ii) Sitting-dining room

INDUSTRIAL TRAINING CENTRE, OPENED THIS YEAR

- (i) Laundry
- (ii) Workshop
- (iii) Cafeteria
- (iv) Entrance hall













SANITARY CIRCUMSTANCES OF THE AREA

R. S. CROSS, F.R.S.H., F.A.P.H.I.

I submit herewith my twenty-first annual report since being appointed as Chief Public Health Inspector for Brighton.

The year 1966 proved to be one of the most difficult in regard to the administration of this section of the Health Department because of staff shortages. Pupil inspectors have been trained in the Department for a good number of years and since 1961 there have been 6 students in training. Never-the-less during 1966 the shortage of qualified Inspectors amounted to 7 out of an establishment figure of 21. The young men who are trained soon leave the town for areas where financial rewards are higher than in Brighton and some leave for posts on the same salary grades in other parts of the country where living costs are lower especially in regard to housing requirements. Inspectors can make a profit on the sale of a house in this area and the purchase of comparable housing in other parts of the country. The Association of Building Societies have issued figures which show that the price of houses in the south-east rose in 1966 by 11% to 12% whilst in other areas the prices increased by 5%. Until such matters are taken into account when fixing scales of salaries it would appear that Brighton will have a staff shortage for a considerable number of years. National scales of salary are not equitable.

During the year the Brighton Corporation Act 1966 was prepared. The Health Department were involved in the preparations as control over coffee bars, clubs and mobile coffee stalls was sought. Premises open for the sale of refreshments to the public between the hours of 11 p.m. and 5 a.m. are now required to be registered with the local authority and have to comply with certain sanitary provisions.

The report sets out in detail the work done during the year and, whilst the number of visits to premises may be below the average for the past few years, there has been progress in the standards of living for the citizens and visitors alike. Your Public Health Inspectors' section of the Department and its work have been recognised by the World Health Organisation and Government Departments as can be seen from the paragraphs of the report dealing with student training and health education.

I wish to express my thanks and appreciation to all members of the staff for their co-operation in a difficult year and particularly to Mr. H. G. Gibson, Deputy Chief Public Health Inspector. Because of my pre-occupation with staff shortages and the programming of work Mr. Gibson has undertaken additional duties which he carried out with credit to himself and contributed in no small extent to the team spirit and loyalty of the staff. He relieved me of some administrative work and the implementation of policy matters.

HOUSING

Mr. G. V. MARTIN, Senior Housing Inspector, reports:

Demolition in Clearance Areas

24 unfit houses were demolished. 41 people in 19 families were re-housed from clearance areas.

The revised statement of unfit houses requiring demolition submitted to the Minister in 1964 showed that 867 unfit houses remained. Since the statement was made 161 houses have been demolished or closed in lieu of demolition so that at the end of the year 706 unfit houses remained, and of these 476 have already been represented or certified as unfit.

During the year 208 properties in Kensington Street, Redcross Street, Pelham Street, Francis Street, North Road and Middle Road (Preston), York Hill, Providence Place, London Street, New York Street, Ann Street, St Peter's Street, Belmont Street, Fleet Street and Cheapside were represented in twelve clearance areas. The reports and official representations of these areas are included as an Appendix to this report.

The following developments took place with regard to areas previously represented:

Frederick Street Area

A public local Inquiry was held by an Inspector from the Ministry of Housing and Local Government on 11th January into the Brighton Corporation (Frederick Street) C.P.O. 1965, covering 21 of 23 properties which had been represented as two clearance areas; the remaining two properties had been purchased by the Council.

The Order was confirmed with modifications by the Minister of Housing and Local Government on 8th July. The modifications referred to two properties, one was excluded from the Order and the other altered from "pink" to "grey".

Mount Zion Place Area

A public local Inquiry was held by an Inspector from the Ministry of Housing and Local Government on 19th April into the Brighton Corporation (Mount Zion Place) C.P.O. 1965, covering 37 properties, of which 27 had been represented as unfit for human habitation. The Minister's decision had not been given by the end of the year.

Sloane Street and Eastern Road Areas

These areas comprising 85 buildings were represented as four clearance areas in 1962, and all but eight of the buildings were subsequently included in the Brighton Corporation (Somerset Street-Warwick Street-Sloane Street Comprehensive Development Area), C.P.O., No. 1, 1964, comprising 119 properties, 25 of which were included in a Declaration of Unfitness Order as not capable of reasonable expense of being rendered fit. On 10th November, 1965, a Public Local Inquiry regarding the C.P.O. was held at the Town Hall by an Inspector from the Ministry of Housing and Local Government, and the Minister's decision had not been given by the end of 1966.

In the meantime, the houses in the area have gone from bad to worse. In August their condition was reported to the Housing Committee as follows:

"Many of the houses in Sloane Street and Eastern Road are now serious unfit for human habitation. Repeated complaints are being received from their occupants of extensive dampness, badly leaking roofs, crumbling walls, falling ceilings and so on. Little or nothing has been done in the way of repair to the properties over the last four years, and their condition is deteriorating rapidly. Many houses which were reasonably habitable four years ago are now quite unfit for human habitation. Most of the occupants are alarmed at the prospect of spending another winter in these houses."

It was agreed that re-housing should take place as quickly as possible after confirmation of the Order by the Minister.

Closing Orders and Demolition Orders

43 individual unfit houses and 24 parts of buildings were represented during the year, making a total of 67 representations; 19 of these referred to basement flats. 25 houses and 27 parts of buildings were made the subject of closing orders, and in two cases offers of work to render premises fit for human habitation were accepted.

9 demolition orders were made. These referred to *Nos. 1-9 Pilgrims' Cottages*, a small block of nine almshouses. These cottages had been represented in 1957 for inclusion in a clearance area, but were withdrawn from the proposed area when the Trustees of the almshouses approached the Council regarding the possibility of rebuilding on an alternative site. Correspondence with the Trustees continued but nothing came of any negotiations. The cottages were re-inspected during the year and their condition was again reported to the Housing Committee. The Trustees attended two meetings of the Housing (General Purposes) Sub-Committee to discuss the future of the almshouses; they confirmed that the Trust had no funds to enable the cottages to be made fit for human habitation, and it was agreed that demolition orders should be made and the occupants re-housed by the Corporation.

The following extract from the report to the Housing Committee indicates briefly the condition of the almshouses:

"Pilgrims Cottages is a terrace of nine almshouses situated in a cul-de-sac at the north end of Leicester Street. The approach along the front of the almshouses is by a brick footpath which is in bad condition, with many of the bricks loose, broken or worn.

The almshouses face west, and have small fore-court gardens bounded on the west side by a 12ft. 0in. high wall, which is badly perished and dangerous in places; parts of the wall have already fallen.

The external walls of the almshouses are cement rendered, and this rendering is cracked in many places. The exterior decorations are in poor condition.

There is a common open space, only 8ft. 9in. in width along the rear of the cottages. This open space forms the rear yards, contains the w.c. compartments and provides rear access. These rear yards are small and congested.

Each cottage consists of two rooms on the ground floor and two rooms on the first floor, and provides a separate dwelling for one elderly lady on each floor, with the present exception of No. 5 which is occupied as one house by two sisters. In each cottage access to the upper dwelling is through the rear kitchen of the lower dwelling, and the staircases are dark and badly ventilated. Each pair of dwellings shares a w.c. which is situated outside the cottage.

The first floor rooms are low-pitched and poorly ventilated, (heights 5ft. 6in.-7ft. 0in.) and the ground floor rooms are only 7ft. 0in. in height. Rising dampness is evident in all the cottages. The interior decorations are generally poor, and there are no larders or proper facilities for storing food.

Furthermore, the cottages lack the amenities of baths and any hot water supply."

On 31st December there were 449 operative closing orders and undertakings applying to buildings in the Borough. Five contraventions of closing orders were reported, and all were dealt with informally. In four cases where closing orders had been made application was made for the use of the buildings for purposes other than human habitation; approval was given for their use for storage purposes.

Sixteen closing orders were determined, the buildings or parts of buildings to which they referred having been made fit for human habitation.

Five houses belonging to the Council that had been certified as unfit for human habitation in accordance with the Housing Subsidies Act, 1956, were demolished. This makes totals of 228 houses certified and 173 demolished since the Act came into force.

Repairs and Improvements

154 houses were made fit for human habitation as a result of formal notice under the Public Health and Housing Acts. 286 houses were made fit as a result of informal action.

There were 312 formal applications for Improvement Grants, of which 5 were for Standard Grants. 17 of the applications were rejected, principally on the grounds that the properties concerned would not provide housing accommodation for 15 years. In connection with Improvement Grant applications 287 final inspections were made to see that all defects had been remedied.

In addition to these inspections an annual re-inspection is made to ensure that the conditions of the grant are being complied with.

House-to-House Survey

During the year the house-to-house survey, begun in 1962 with the object of improving properties in the older parts of the town, was continued, but I regret to report that the numbers of inspections have dropped considerably. This is because of staff shortages, which have meant that throughout the year only one Public Health Inspector has been engaged on this area, and he has had to combine this work with other duties. The approved establishment of Inspectors to work on this area is four.

Progress up to the end of the year has been as follows, the figures for 1966 being shown in brackets.

	<i>Owner occupied</i>	<i>Tenanted</i>	<i>Total</i>
Number of houses inspected	600 (22)	627 (44)	1227 (66)
Number of preliminary letters sent ...	487 (17)	596 (41)	1083 (58)
Number of houses with no defects ...	113 (5)	31 (3)	144 (8)
Number of houses where works have been completed	350 (45)	244 (55)	594 (100)
Number of houses where works were in progress on 31/12/66	25	35	60
Number of improvement grants applied for	247 (36)	107 (19)	354 (55)
Number of Notices under Section 9 Housing Act 1957 authorized ...	Nil (Nil)	54 (6)	54 (6)

18 houses in the survey area have been represented as unfit for human habitation and not capable at reasonable expense of being made so fit; the representations followed informal action taken to notify the owners of the defects and to give them an opportunity to carry out works.

In 57 cases where owners were financially unable to carry out repairs, the properties were offered to the Council, and 27 have been purchased by the Council.

No Improvement Areas under the Housing Act, 1964, have been declared. In view of the steady progress being made in the house-to-house survey area the existing arrangements for inspection are continuing unaltered for the time being.

Rent Act Certificates

There was one application for a Certificate of Disrepair.

Property Enquiries and House Acquisition

4,705 official Searches were answered by the clerk responsible for housing records. Property enquiries are frequently made other than by official Searches and it was necessary for 415 inspections to be made during the year, of which 265 arose from Local Land Charge Searches. A further 737 inspections were made as a result of applications for Corporation loans for house acquisition, the

Town Clerk requiring a report on the possibility of action under the Housing Acts being taken against the property during the loan period.

Houses in Multiple Occupation

During the year complaints received in respect of 13 houses in multiple occupation were investigated, and informal letters were sent to the owners, notifying them of the defects and lack of facilities.

One of these houses has been improved to the standard required. Two of the houses that had been previously inspected were converted into self-contained flats with the aid of improvement grants.

In two cases approval was given for the service of notices under Section 15 of the Housing Act, 1961, requiring the carrying out of improvements and the installation of additional amenities. Both houses are now vacant; one has been offered for sale and the owner of the other has applied for an improvement grant to convert the property into self-contained flats.

One house was partly vacated and, owing to its seriously deteriorating condition, was represented as unfit for human habitation, and a closing order made.

Negotiations are proceeding with the owners of nine houses for the carrying out of works. In one case action was taken under the Public Health Act to remedy urgent defects, and in two cases parts of the buildings comprising basement flats were represented as unfit for human habitation and closing orders made.

One house, already the subject of a Management Order and Notices, was regularly inspected. Some works of improvement were carried out but the house was not brought up to the standard required. The owner eventually obtained vacant possession of the whole building, which has recently been sold. The new owner proposes to convert the vacant building into self-contained flats.

A further 12 properties were inspected at the request of the owners, and advice was given regarding conversion to flats or improvement to the standards required for houses in multiple occupation.

APPENDIX

13th December, 196

To the Housing Committee:

LADIES AND GENTLEMEN,

Housing Act, 1957**Clearance Areas**

I attach reports and official representations of 208 properties in clearance areas. Statistical details are tabulated below.

Clearance Areas	No. of buildings		Total No. of buildings represented	No. of properties		Total No. of occupants
	Unfit for human habitation	Badly arranged		owner-occupied	owned by Corporation	
Kensington Street	11	2	13	3	1	28
Redcross Street, Pelham Street	35	—	35	7	17	67
Francis St.	16	—	16	7	—	27
North Rd., Middle Rd., Preston	15	—	15	—	—	34
York Hill, Providence Place, London St., New York Street, Ann St., St. Peter's Street, Belmont Street, Fleet St., Cheapside	123	6	129	40	18	318
TOTALS	200	8	208	57	36	474

W. S. PARKER,

Medical Officer of Health.

13th December, 1966

To the Housing Committee:

LADIES AND GENTLEMEN,

Housing Act, 1957**Kensington Street**

The properties in Kensington Street have recently been inspected, and I am of opinion that 11 houses should be represented in clearance areas as unfit for human habitation and that two houses (Nos. 3 and 19) should be represented as dangerous or injurious to health because of their bad arrangement. My official representations of the houses in three clearance areas are submitted with this report.

The houses in the areas are occupied by 28 people. Three houses are owner-occupied. One house is owned by the Corporation, and this is unoccupied.

My principal reasons for including these houses in clearance areas are as follows:

These 13 properties are over 100 years old, and are all on the west side of Kensington Street. They are badly arranged, with very small confined rear yards. The natural lighting and ventilation of the ground floor rooms at the rear is generally poor.

Eleven of the properties are unfit for human habitation. They are generally in poor repair, with rising and penetrating dampness, and the majority have unsatisfactory outside w.c.s. Some of the houses have low-pitched basement rooms with poor natural lighting and ventilation.

W. S. PARKER,

Medical Officer of Health.

13th December, 1966

To the Housing Committee:

LADIES AND GENTLEMEN,

I have, as the Medical Officer of Health of the County Borough of Brighton, to represent to you under Section 42 of the Housing Act, 1957:

- (i) that the houses in the area defined below are unfit for human habitation, or are by reason of their bad arrangement, or the narrowness or bad arrangement of the streets, dangerous or injurious to the health of the inhabitants of the area; and
- (ii) that the most satisfactory method of dealing with the conditions in the area is the demolition of all the buildings in the area.

The area referred to above is coloured pink on the accompanying map taken from the Ordnance Survey and comprises the following houses:

2, 3, 4, 5, 6, *Kensington Street.*

W. S. PARKER,

Medical Officer of Health.

The houses in the area were occupied by 13 persons on 19th October, 1966.

W. S. PARKER,

Medical Officer of Health.

13th December, 1966

To the Housing Committee:

LADIES AND GENTLEMEN,

I have, as the Medical Officer of the County Borough of Brighton, to represent to you under Section 42 of the Housing Act, 1957:

- (i) that the houses in the area defined below are unfit for human habitation, or are by reason of their bad arrangement, or the narrowness of the bad arrangement of the streets, dangerous or injurious to the health of the inhabitants of the area; and
- (ii) that the most satisfactory method of dealing with the conditions in the area is the demolition of all the buildings in the area.

The area referred to above is coloured pink on the accompanying map taken from the ordnance survey and comprises the following houses:

9, 10 *Kensington Street.*

W. S. PARKER,

Medical Officer of Health.

The houses in the area were occupied by 4 persons on 19th October, 1966.

W. S. PARKER,

Medical Officer of Health.

13th December, 1966

To the Housing Committee:

LADIES AND GENTLEMEN,

I have, as the Medical Officer of Health of the County Borough of Brighton to represent to you under Section 42 of the Housing Act, 1957:

- (i) that the houses in the area defined below are unfit for human habitation, or are by reason of their bad arrangement, or the narrowness of the bad arrangement of the streets, dangerous or injurious to the health of the inhabitants of the area; and
- (ii) that the most satisfactory method of dealing with the conditions in the area is the demolition of all the buildings in the area.

The area referred to above is coloured pink on the accompanying map taken from the ordnance survey and comprises the following houses:

15, 16, 17, 18, 19, 20, *Kensington Street.*

W. S. PARKER,

Medical Officer of Health.

The houses in the area were occupied by 11 persons on 19th October, 1966.

W. S. PARKER,

Medical Officer of Health.

13th December, 1966

To the Housing Committee:

LADIES AND GENTLEMEN,

Housing Act, 1957**Redcross Street and Pelham Street**

38 properties in these two streets have recently been inspected, and I am of opinion that 35 houses are unfit for human habitation and that they should be represented as a clearance area. My official representation is submitted with this report.

The houses in the area are occupied by 67 people. 7 houses are owner-occupied. 17 of the houses are owned by the Corporation and of these 13 are not occupied.

My principal reasons for including these houses in a clearance area are as follows:

The houses in Redcross Street and Pelham Street are more than 100 years old. They are generally in very poor repair, with rising and penetrating dampness. Nearly all of the houses have unsatisfactory outside W.Cs. On the west side of Redcross Street the natural lighting of ground floor rooms at the rear is generally poor. Eight of the houses on the east side of Redcross Street, and all of the houses in Pelham Street have basement rooms which are unsuitable for occupation. Three of the houses in Pelham Street have low-pitched poorly ventilated attic rooms.

Nine of the houses in Pelham Street are the subject of closing orders made for parts of the buildings in 1938 and 1939 prohibiting the use for human habitation of basement rooms in seven houses, attic rooms in one house, and basement and back addition rooms in one house. No. 39 Redcross Street is also the subject of a closing order made in 1965 which prohibits its use for human habitation.

W. S. PARKER,

Medical Officer of Health.

13th December, 1966

To the Housing Committee:

LADIES AND GENTLEMEN,

I have, as the Medical Officer of Health of the County Borough of Brighton, to represent to you under Section 42 of the Housing Act, 1957:

- (i) that the houses in the area defined below are unfit for human habitation, or are by reason of their bad arrangement, or the narrowness or bad arrangement of the streets, dangerous or injurious to the health of the inhabitants of the area; and
- (ii) that the most satisfactory method of dealing with the conditions in the area is the demolition of all the buildings in the area.

The area referred to above is coloured pink on the accompanying map taken from the Ordnance Survey and comprises the following houses:

1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 38, 39, 40, 41, 42, 43, 44, 45, 47, 48, 49, *Redcross Street.*

4, 5, 6, 7, 8, 10, 11, 12, 13, 14, 15, *Pelham Street.*

W. S. PARKER,

Medical Officer of Health.

The houses in the area were occupied by 67 persons on 9th November, 1966.

W. S. PARKER,

Medical Officer of Health.

13th December, 196

To the Housing Committee:

LADIES AND GENTLEMEN,

Housing Act, 1957**Francis Street**

20 properties in Francis Street have recently been inspected, and I am of opinion that 16 houses should be represented as unfit for human habitation. My official representations of these houses in three clearance areas are submitted with this report.

The houses in the areas are occupied by 27 people. Seven houses are owner occupied.

My principal reasons for including these houses in clearance areas are as follows:

These 16 houses are on the south side of Francis Street, and are about 10 years old. Generally they are in poor repair with rising and penetrating dampness. The rear yards are small, and most of the houses have unsatisfactory outside W.Cs. Six of the houses have basements which are deemed unfit for human habitation and three houses have low-pitched, poorly ventilated attic rooms.

W. S. PARKER,

Medical Officer of Health.

13th December, 196

To the Housing Committee:

LADIES AND GENTLEMEN,

I have, as the Medical Officer of Health of the County Borough of Brighton to represent to you under Section 42 of the Housing Act, 1957:

- (i) that the houses in the area defined below are unfit for human habitation, or are by reason of their bad arrangement, or the narrowness or bad arrangement of the streets, dangerous or injurious to the health of the inhabitants of the area; and
- (ii) that the most satisfactory method of dealing with the conditions in the area is the demolition of all the buildings in the area.

The area referred to above is coloured pink on the accompanying map taken from the ordnance survey and comprises the following houses:

20, 21, 22, 23, 24, 25, *Francis Street.*

W. S. PARKER,

Medical Officer of Health.

The houses in the area were occupied by 13 persons on 15th November, 196

W. S. PARKER,

Medical Officer of Health.

13th December, 1966

To the Housing Committee:

LADIES AND GENTLEMEN,

I have, as the Medical Officer of Health of the County Borough of Brighton, to represent to you under Section 42 of the Housing Act, 1957:

- (i) that the houses in the area defined below are unfit for human habitation, or are by reason of their bad arrangement, or the narrowness or bad arrangement of the streets, dangerous or injurious to the health of the inhabitants of the area; and
- (ii) that the most satisfactory method of dealing with the conditions in the area is the demolition of all the buildings in the area.

The area referred to above is coloured pink on the accompanying map taken from the ordnance survey and comprises the following houses:

28, 29, 30, *Francis Street.*

W. S. PARKER,

Medical Officer of Health.

The houses in the area were occupied by 4 persons on 15th November, 1966.

W. S. PARKER,

Medical Officer of Health.

To the Housing Committee:

13th December, 1966

LADIES AND GENTLEMEN,

I have, as the Medical Officer of Health of the County Borough of Brighton, to represent to you under Section 42 of the Housing Act, 1957:

- (i) that the houses in the area defined below are unfit for human habitation, or are by reason of their bad arrangement, or the narrowness or bad arrangement of the streets, dangerous or injurious to the health of the inhabitants of the area; and
- (ii) that the most satisfactory method of dealing with the conditions in the area is the demolition of all the buildings in the area.

The area referred to above is coloured pink on the accompanying map taken from the ordnance survey and comprises the following houses:

33, 34, 35, 36, 37, 38, 39, *Francis Street.*

W. S. PARKER,

Medical Officer of Health.

The houses in the area were occupied by 10 persons on 15th November, 1966.

W. S. PARKER,

Medical Officer of Health.

13th December, 1966

To the Housing Committee:

LADIES AND GENTLEMEN,

Housing Act, 1957**North Road and Middle Road, Preston**

Properties in these two streets have recently been inspected, and I am of opinion that 15 houses are unfit for human habitation and that they should be represented as a clearance area. My official representation is submitted with this report.

The houses in the area are occupied by 34 people, and are all in the same ownership.

My principal reasons for including these houses in a clearance area are as follows:

These 15 properties are more than 130 years old, and are situated at the west end of North Road and Middle Road. They have unsatisfactory external W.C.s., some of which are situated a considerable distance from the houses, with access paths in very bad condition. The houses are not in good repair and are generally affected with rising and penetrating dampness. Many of the windows are of inadequate size and some of the rooms in the houses in Middle Road are low-pitched, the attic rooms being very badly ventilated.

Nos. 38 Middle Road and 45 North Road are the subject of closing orders made in 1964 and 1965, prohibiting their use for human habitation.

W. S. PARKER,

Medical Officer of Health.

13th December, 1966

To the Housing Committee:

LADIES AND GENTLEMEN,

I have, as the Medical Officer of Health of the County Borough of Brighton, to represent to you under Section 42 of the Housing Act, 1957:

- (i) that the houses in the area defined below are unfit for human habitation, or are by reason of their bad arrangement, or the narrowness or bad arrangement of the streets, dangerous or injurious to the health of the inhabitants of the area; and
- (ii) that the most satisfactory method of dealing with the conditions in the area is the demolition of all the buildings in the area.

The area referred to above is coloured pink on the accompanying map taken from the ordnance survey and comprises the following houses:

39, 41, 43, 45, 47, 49, 51, 53, 55, 57, *North Road, Preston.*

38, 40, 42, 44, 46, *Middle Road, Preston.*

W. S. PARKER,

Medical Officer of Health.

The houses in the area were occupied by 34 persons on 11th October, 1966

W. S. PARKER,

Medical Officer of Health.

13th December, 1966

To the Housing Committee:

LADIES AND GENTLEMEN,

Housing Act, 1957

**York Hill, Providence Place, London Street, New York Street,
Ann Street, St. Peter's Street, Belmont Street,
Fleet Street and Cheapside**

162 properties in the above mentioned streets have recently been inspected, and I am of opinion that 123 houses should be represented in clearance areas as unfit for human habitation and that 5 houses and one other building should be represented as dangerous or injurious to health because of their bad arrangement. My official representations of these buildings in four clearance areas are submitted with this report.

The houses in the areas are occupied by 318 people. 40 houses are owner-occupied. 17 houses and the one other building (a warehouse) are owned by the Corporation.

The houses in these nine streets are about 100 years old, and my principal reasons for including them in clearance areas are as follows:

1. *York Hill*

Nos. 3 and 4 are in poor repair and damp, with outside W.Cs. The rear yards are very small and confined. No. 4 is partly business premises (cafe). No. 11 is a shop with living accommodation; it is in poor external repair and damp, and has an outside W.C.

Nos. 12-15 are in poor repair and damp with unfit basement rooms and outside W.Cs.

2. *London Street*

The houses on the east side are generally in poor repair, with unfit basement rooms, rising and penetrating dampness and outside W.Cs.

The houses on the west side are generally in poor repair and damp, and nearly all have outside W.Cs. These are badly arranged houses, with enclosed rear yards and obstructive back additions, and the natural lighting of the ground floor rooms at the rear is generally poor.

3. *New York Street*

These houses are generally in poor repair and damp, and nearly all have outside W.Cs. Nos. 26-35 have unfit basement rooms.

4. *Fleet Street*

This house is in poor repair, with extensive dampness, a small confined yard and an unfit basement.

5. *St. Peter's Street*

The houses on the west side have small narrow rear yards, and nearly all have outside W.Cs. These houses are generally in poor repair, with rising and penetrating dampness and in many of them the natural lighting of the ground floor rooms at the rear is poor.

The four houses on the east side (Nos. 7 to 9a) are poorly ventilated houses in bad repair, with rising and penetrating dampness. Nos. 7 and 8 are the subject of closing orders made in 1958 and 1961.

6. *Belmont Street*

These houses are generally in poor repair, with rising and penetrating dampness. Nearly all have outside W.Cs. The houses on the east side have dark, badly ventilated front basement rooms with ceilings at or below pavement level. Many of the houses on the west side have low-pitched, poorly ventilated back addition rooms.

The warehouse on the east side of the street, which extends through to St Peter's Street and Ann Street is an obstructive building affecting the natural lighting and ventilation of nearby houses in the area.

7. *Ann Street*

These nine houses are generally in poor repair, with rising and penetrating dampness. Nearly all have outside W.Cs. The rear yards are generally enclosed and overshadowed, with poor natural lighting of ground floor rooms at the rear. Nos. 38, 39 and 40 have unfit attic rooms.

8. *Providence Place*

These two houses are in bad repair, with rising and penetrating dampness outside W.Cs., and low-pitched back addition rooms.

9. *Cheapside*

There is rising and penetrating dampness in both these houses, with poor natural lighting of ground floor rooms at the rear. They are not in good repair and No. 40 has an outside W.C. No. 40 is the subject of a closing order made in 1965.

W. S. PARKER,

Medical Officer of Health.

13th December, 1966

To the Housing Committee:

LADIES AND GENTLEMEN,

I have, as the Medical Officer of Health of the County Borough of Brighton to represent to you under Section 42 of the Housing Act, 1957:

- (i) that the houses in the area defined below are unfit for human habitation, or are by reason of their bad arrangement, or the narrowness or bad arrangement of the streets, dangerous or injurious to the health of the inhabitants of the area; and
- (ii) that the most satisfactory method of dealing with the conditions in the area is the demolition of all the buildings in the area.

The area referred to above is coloured pink on the accompanying map taken from the ordnance survey and comprises the following houses:

3, 4, *York Hill*.

W. S. PARKER,

Medical Officer of Health.

The houses in the area were occupied by 3 persons on 11th November, 1966

W. S. PARKER,

Medical Officer of Health.

13th December, 1966

To the Housing Committee:

LADIES AND GENTLEMEN,

I have, as the Medical Officer of Health of the County Borough of Brighton, to represent to you under Section 42 of the Housing Act, 1957:

- (i) that the houses in the area defined below are unfit for human habitation, or are by reason of their bad arrangement, or the narrowness of the streets, dangerous or injurious to the health of the inhabitants of the area; and
- (ii) that the most satisfactory method of dealing with the conditions in the area is the demolition of all the buildings in the area.

The area referred to above is coloured pink on the accompanying map taken from the ordnance survey and comprises the following houses:

11, 12, 13, 14, 15, *York Hill*.

18, 19, *Providence Place*.

2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 37, 38, 39, 40, 42, 43, 44, 45, 46, 47, 48, 49, 50, *London Street*.

26, 27, 28, 29, 30, 31, and 31A, 32, 33, 35, 36, 37, 38, 39, 40, 41, 42, 43, 45, 46, 47, 48, *New York Street*.

W. S. PARKER,

Medical Officer of Health.

The houses in the area were occupied by 193 persons on 11th November, 1966.

W. S. PARKER,

Medical Officer of Health.

13th December, 1966

To the Housing Committee:

LADIES AND GENTLEMEN,

I have, as the Medical Officer of Health of the County Borough of Brighton, to represent to you under Section 42 of the Housing Act, 1957:

- (i) that the houses in the area defined below are unfit for human habitation, or are by reason of their bad arrangement, or the narrowness of the streets, dangerous or injurious to the health of the inhabitants of the area and that the other buildings in the area are for a like reason dangerous or injurious to the health of the said inhabitants; and
- (ii) that the most satisfactory method of dealing with the conditions in the area is the demolition of all the buildings in the area.

The area referred to above is coloured pink on the accompanying map taken from the ordnance survey and comprises the following houses:

15, 16, 34, 35, 36, 37, 38, 39, 40, *Ann Street*.

7, 8, 9, 9A, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, *St. Peter's Street*.

3, 4, 5, 8, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 29, *Belmont Street*.

9, *Fleet Street*.

Other buildings—Warehouse with frontage to Ann Street, St. Peter's Street and Belmont Street.

W. S. PARKER,

Medical Officer of Health.

The houses in the area were occupied by 115 persons on 11th November, 1966.

W. S. PARKER,

Medical Officer of Health.

13th December, 1966

To the Housing Committee:

LADIES AND GENTLEMEN,

I have, as the Medical Officer of Health of the County Borough of Brighton, to represent to you under Section 42 of the Housing Act, 1957:

- (i) that the houses in the area defined below are unfit for human habitation, or are by reason of their bad arrangement, or the narrowness or bad arrangement of the streets, dangerous or injurious to the health of the inhabitants of the area; and
- (ii) that the most satisfactory method of dealing with the conditions in the area is the demolition of all the buildings in the area.

The area referred to above is coloured pink on the accompanying map taken from the ordnance survey and comprises the following houses:

1, *Belmont Street*.

40, 41, *Cheapside*.

W. S. PARKER,

Medical Officer of Health.

The houses in the area were occupied by 7 persons on 11th November, 1966.

W. S. PARKER,

Medical Officer of Health.

DISTRICT INSPECTORS

Mr. H. G. GIBSON, Deputy Chief Public Health Inspector, reports:

Probably the most difficult task in the Section during the year was coping with the problems presented by the continued staff shortage. Once again, Student Inspectors in their final year have been extremely useful. With the Technical Assistants, whose numbers were increased to four, they have enabled all statutory duties to be satisfactorily met and ensured a minimum of delay in providing service to the public on complaint.

In giving credit to these young men, it must be recorded that their efforts, however willing and efficient, are limited by the fact that they have not a statutory qualification. Senior staff have, in addition to their own duties, to advise them in some cases, exercise detailed supervision in others and take over jobs where legal proceedings may crop up.

Efficient work, under these conditions, is only possible where first-class co-operation exists between all grades of staff. It is very pleasant to be able to report that the shortage of numbers has been compensated to the greatest possible extent by the team spirit and loyalty of all concerned.

The District Inspectors served 755 notices under the Public Health Act, 1936, in respect of defects of repair in dwelling houses and 83 notices calling for the abatement of insanitary conditions such as verminous premises, accumulations, ill-kept animals, etc.

In dealing with these matters, the District Inspectors, Students and Technical Assistants made 2,714 visits and interviewed 1,315 interested persons (builders, architects, solicitors, owners and agents).

Legal Proceedings

In four instances where notices calling for repairs had been served under the Public Health Act, 1936, legal proceedings were instituted. Two cases were withdrawn as the work was completed between the issue of the summons and the date of hearing.

In the other two cases, offences were proved, one defendant being fined £5 with £3 14s. 6d. costs and the other £2 with £1 10s. 0d. costs. The Bench made orders for the necessary works to be carried out, in each case.

FACTORIES ACT, 1961

The following tables set out the numbers of factory premises and give details of administrative action.

1. Inspections for purposes of provisions as to health

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	388	82	4	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	484	96	3	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	66	67	4	—
Total	938	245	11	—

2. Cases in which Defects were found

Particulars (1)	Number of cases in which defects were found				Number of prosecutions (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	5	5	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	1	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	2	2	1	—	—
(b) Unsuitable or defective	4	4	—	1	—
(c) Not separate for the sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
Total	11	11	2	1	—

Outwork

Nature of Work (1)	Section 133			Section 134		
	No. of out-workers in August list required by Section 133 (1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel: Making, etc. Cleaning and Washing	181	—	—	—	—	—
Household linen	1	—	—	—	—	—
Furniture and upholstery	1	—	—	—	—	—
Artificial flowers	1	—	—	—	—	—
Lampshades	1	—	—	—	—	—
Total	185	—	—	—	—	—

PET ANIMALS ACT, 1951**ANIMAL BOARDING ESTABLISHMENTS ACT, 1963****RIDING ESTABLISHMENTS ACT, 1964**

At the end of the year there were 13 Pet Shops, 4 Animal Boarding Establishments and 1 Riding Stable licensed under the above-mentioned Acts.

The Corporation's Veterinary Officer, Mr. J. S. J. Lauder, M.R.C.V.S., visits all these businesses regularly, making additional inspections at times when kennels, etc. are likely to be most fully occupied, during the holiday seasons. Mr. Lauder checks on the living condition and state of health of all animals kept on the premises.

Apart from minor items, such as two outbreaks of infectious nasal catarrh in kittens and a virus infection in a litter of puppies, animal health was generally good. In the cases concerned, one pet shop keeper was advised not to buy or sell kittens for a fortnight, which prevented any spread of infection. Veterinary supervision was available and satisfactory in the other cases and no further trouble arose.

The public health inspectors also visit the premises to check on the structural and sanitary state. Mr. Lauder and the District Inspector together inspected one unlicensed establishment which was being used as a riding stable.

It was finally necessary to take legal proceedings and the case was awaiting hearing at the end of the year. An appeal against refusal of Town Planning Permission for the stables was also to be heard. I would like to express the Section's appreciation of Mr. Lauder's assistance on all matters of animal health. He is always most co-operative and his advice is invaluable.

RODENT AND PEST CONTROL

The following tables set out the numbers of visits and treatments carried out by the Department's Rodent Operators.

	Local Authority's Premises	Dwelling Houses	Other Premises	Agri- cultural	Total
<i>Properties Inspected:</i>					
On notification	23	581	216	5	825
Survey under Act	25	901	318	4	1248
Primarily for other purposes	—	3	2	—	5
<i>Properties found to be infested:</i>					
Rats	2	166	20	5	193
Mice	21	380	192	—	593
Premises treated by Local Authority's Operators	23	546	212	5	786

20 Block Control schemes, entailing the inspection of all premises in a particular area, with their associated drainage and sewerage systems, were carried out. Where any infestations were found, treatments were made.

Insect and other pests

Cleansing Centre staff have disinfested 193 verminous premises during the year—a total of 516 rooms.

Other insects and animals as listed below gave rise to complaints and at least one treatment was carried out in each case.

Cockroaches	36	Caterpillars	2
Spider Beetles	4	Ants	20
Carpet and other Beetles	4	Silver Fish	4
Wasps' Nests	33	Moles	7
Bee Swarms	9	Badgers	4
Wood Lice	12	Foxes	7
Flies (and their maggots)	25	Book Lice and other small insects	10

Many of these complaints involved a number of preliminary surveys, pre-baiting and/or follow-up visits. The insects quite often are of no public health importance but they are a nuisance to the occupiers of the premises concerned and treatment at the time the complaint is investigated not only promotes good public relations but is quicker and cheaper than a series of supervisory or advisory visits.

Wasps' nests are not normally dealt with by the Cleansing Centre staff. It is not a statutory duty, the clearance of the nest may involve the removal of slates and tiles, the opening up of wall or other cavities and minor building operations. As there are several commercial firms competent to do this work, our staff reserve their help for pensioners or handicapped persons who cannot afford to pay for the work.

The usual miscellaneous assortment of insects has been brought to the office. They are identified and advice is given to the enquirer as to the methods of control.

CLEANSING CENTRE

The varied facilities provided at the Cleansing Centre have continued to be in great demand. The emergency laundry service for geriatric cases and patients who are chronically sick at home necessitated 4,940 visits and 42,464 articles were laundered.

An equally important service is also given in the removal of incontinence pads and soiled dressings from home-nursed patients and articles disposed of after confinements at home. 1,966 collection and delivery visits were made under these headings during the year.

169 premises with bedding were disinfected or disinfested and the household effects of 12 families were removed, cleansed as necessary and moved into other premises during transfers or rehousing. In practically all of these cases a fair residue of rubbish had to be taken to the refuse tip on completion of the removal.

On the personal cleansing side 130 geriatric cases were bathed. 54 persons were treated for head and body lice and 43 more for pubic lice. 25 of the latter cases came from outside the Borough but were referred to the Centre for treatment after attendance at local V.D. Clinics. 168 persons suffering from scabies were treated at the Centre.

The 3-ton van made 142 journeys for general departmental purposes, such as the transport of health education material, clinic furniture etc., and 700 hours were spent on Welfare Food deliveries.

It is difficult to find new words to express the Public Health Inspectors' appreciation of the work carried out by the Cleansing Centre staff. They carry out some of what must be the most unpleasant of municipal duties efficiently and cheerfully, using their hands to provide practical help where many people would be throwing them up in horror. Proof that their worth is realised by neighbouring authorities and organisations is given by the number of messages of thanks received in cases where they provide assistance which, otherwise, is unavailable in the areas.

OFFICES, SHOPS AND RAILWAYS PREMISES ACT, 1963

The inspection of shops and offices did not proceed as rapidly as anticipated due to staff shortages. For the first seven months of the year it was not possible to appoint a qualified Shops Inspector and with the shortage of District Public Health Inspectors the inspection programme fell behind schedule.

The number of premises which were inspected for the first time was 577. In 1965 inspections totalled 861 and in 1964 there were 337 inspections. The total number of inspections since the Act came into operation in August 1964 is 1,775 and as there are approximately 4,000 registered premises we have completed inspections of 44% of the total. At this rate of progress it will take a further $2\frac{1}{2}$ years to complete the programme. The number of inspections completed is not the measure of the work carried out. The follow-up visits to premises requiring works to be done, after the service of notices, totalled 5,214 of which 2,280 were made in 1966. During the past $2\frac{1}{2}$ years 7,000 visits have been made giving an average of 4 visits to each of the premises inspected. |

Details of the work carried out in 1966 are as follows:

Number of premises registered during the year	...	...	211
Number of general inspections carried out	...	...	577
Total number of visits	...	...	2,280
Number of notices of defects served	...	...	359
Number of premises where defects were remedied	...	...	446
Number of notices outstanding 31/12/66	...	...	274

Notices were served under the following defects:

Want of cleanliness	...	...	...	15
No sanitary accommodation	...	...	...	4
Insufficient sanitary accommodation	...	...	...	3
Defective or obsolete sanitary accommodation	...	...	...	79
No washing facilities	...	...	...	7
Insufficient washing facilities	...	...	...	9
Defective or obsolete washing facilities	...	...	...	91
No drinking water	...	...	...	7
No drinking vessels	...	...	...	5
Insufficient accommodation for clothing	...	...	...	21
No provision for accommodation of clothing	...	...	...	23
Insufficient means of heating provided	...	...	...	32
No means of heating provided	...	...	...	2
No temperature thermometers supplied	...	...	...	164
Insufficient means of ventilation	...	...	...	49
Insufficient means of lighting	...	...	...	61
Excessive glare from lighting installation	...	...	...	31
Insufficient seating accommodation	...	...	...	21
Notices in respect of dangerous machinery	...	...	...	11
No first aid kits provided	...	...	...	96
Insufficient first aid kits provided	...	...	...	90
Cases of overcrowding investigation	...	...	...	2
Notices in respect of health and safety	...	...	...	8
Defective floors and staircases	...	...	...	166
No abstract of Act provided	...	...	...	180

Accidents reported 1966

Work Place	Number reported	Total Number investigated	ACTION TAKEN			No action
			Prosecution	Formal warning	In-formal advice	
Offices	5	2	—	—	2	3
Retail Shops... ..	54	31	—	6	25	23
Wholesale shops and warehouses	8	4	—	—	4	4
Catering establishments open to Public, Canteens, etc.	9	2	—	—	2	7
Fuel Storage Depots ...	—	—	—	—	—	—
Totals	76	39	—	6	33	37

Analysis of reported accidents

	Offices	Retail Shops	Wholesale shops and warehouses	Catering establishments open to Public, Canteens, etc.	Fuel storage Depots
Machinery	—	2	—	—	—
Transport	—	—	—	—	—
Falls of Persons	3	21	2	3	—
Stepping on or striking against object or person	—	3	2	2	—
Handling goods	1	17	3	1	—
Struck by falling object ...	1	1	1	—	—
Fire and explosion... ..	—	—	—	1	—
Electricity	—	2	—	—	—
Use of hand tools	—	7	—	—	—
Not otherwise specified ...	—	1	—	2	—

TABLE A

Registrations and General Inspections

Class of premises (1)	No. of premises registered during the year (2)	Total No. of registered premises at end of year (3)	No. of registered premises receiving a general inspection during the year (4)
Offices	34	1271	77
Retail shops ...	120	1499	358
Wholesale shops, warehouses	12	185	16
Catering establish- ments open to the public, canteens ...	45	231	126
Fuel storage depots	0	12	0
Totals	211	3,198	577

TABLE B

Number of visits of all kinds by Inspectors to Registered Premises

2280

TABLE C

Analysis of Persons Employed in Registered Premises by Workplace

Class of workplace (1)	Number of persons employed (2)
Offices	11,327
Retail shops	9,061
Wholesale departments, warehouses	1,711
Catering establishments open to the public	2,963
Canteens	198
Fuel storage depots	47
Total	25,307
Total males	11,239
Total females	14,068

Inspectors

Number of inspectors appointed under Section 52 (1) or (5) of the Act	7
Number of other staff employed for most of their time on work in connection with the Act	3

FOOD AND DRUGS SAMPLING

Mr. J. HOLMES, Senior Food and Drugs Inspector, reports:

450 samples of food (including drinks) or drugs were taken during the year and submitted to the Public Analyst for analysis and examination. Of these, 32 were found to contravene the Food and Drugs Act, Orders or Regulations. Most of the offences (28) were contraventions of the Labelling of Food Order, 1953. In 15 instances the contents of the packages were not in accordance with the statements on the labels, and 10 labels did not give the full information as to ingredients, etc., as prescribed by the Order.

The articles found not to be up to the standard declared on the labels were:

- Wines
- Wine Cocktail
- Ginger Ale
- Liquid Coffee
- Pudding Mixture
- Minced Beef in Gravy
- Slimming tablets
- Yeast Vitalizers
- Syrupus
- Kaolin Poultice
- Surgical Spirit
- Cheese
- Soup
- Honey Spread

The contraventions were brought to the notice of the manufacturers and in all cases subsequent samples were found to be satisfactory.

One sample of concentrated grape juice was found to contain more preservative than is permitted by the Preservatives in Food Regulations, 1962.

A fruit drink was found to contain 0.6% sodium cyclamate, an artificial sweetener, contrary to the requirements of the Artificial Sweeteners in Food Order, 1953.

A label on a dietary loaf was found not to accord with the Bread and Flour Regulations, 1963.

These matters were also satisfactorily remedied without recourse to legal proceedings.

Fertilisers and Feeding Stuffs Act, 1926

27 samples were taken under this Act. Only one minor contravention was found, the statement on a label not being in the correct form. This was taken up with the manufacturers and rectified.

BACTERIOLOGICAL EXAMINATIONS*Milk Supplies*

The following table shows the numbers of samples of the various designated milks submitted to the Public Health Laboratory Service for examination:

Designation	Number of samples	Failed Methylene blue test	Failed Phosphatase test
Pasteurised	113	5	—
Sterilised	34	—	—
Untreated	74	9	—
Totals	221	14	—

47 samples were examined for penicillin content. All were satisfactory.

The 34 samples of Sterilised Milk passed the turbidity test.

The unsatisfactory samples were brought to the notice of the producers or bottlers concerned and follow-up samples were satisfactory.

WATER SUPPLIES

Drinking Water

73 samples of town's water were examined and reports indicated that the water was in a state of high bacteriological purity.

Well Water

Privately-owned wells at an hotel and a dairy were sampled on 34 occasions and found to be satisfactory.

Public Swimming Baths

49 samples were taken from Corporation public swimming baths. Of these, eleven were slightly below the recommended standard of purity. Occasional failures of samples to comply with the suggested standard are not unusual and do not necessarily mean that the water is dangerous. They call for a check-up on the filtration system and on the strength of chlorine being maintained in the water. This was done in the above instances in conjunction with the Baths Superintendent and subsequent samples were satisfactory.

Eleven samples taken from the Ocean Hotel, Saltdean swimming bath were all of a high standard.

Public Paddling Pools

Of 45 samples taken from public paddling pools, only 24 were satisfactory. These pools are very difficult to maintain at a proper standard of purity. Frequent running in and out of the pools by the children, the large number of parents in outdoor shoes on the wettened side walks, and the taking of toys into the pools all introduce contamination to the water. The addition of too much free chlorine to the water in an endeavour to counteract this contamination must be avoided, as this can lead to complaints of smell and smarting of the eyes of the children.

School Swimming Pools

67 samples were taken. 17 were unsatisfactory, mostly from the smaller portable pools. Strict attention to proper chlorine dosage is necessary in these pools.

Sixteen samples taken from St. Luke's School Swimming Bath were all satisfactory.

Food premises subject to the Food Hygiene (General) Regulations, 1960

No. of premises		No. which comply with Regulation 16	No. to which Regulation 19 applies	No. which comply with Regulation 19
118	Butcher	118	118	118
22	Bakehouses	22	22	22
107	Retail bread and confectionery	107	107	107
368	Grocers	368	368	368
244	Greengrocers, fruiterer	244	244	230
772	Licensed hotels, restricted licence hotels and unlicensed guest houses, licensed clubs	772	772	772
443	Restaurants	443	443	443
53	Coffee bars	52	53	53
151	Public houses	151	151	151
30	Nursing Homes, Old Peoples Homes	30	30	30
24	Factory canteens	24	24	24
40	Educational catering (school meals, Sussex University, College of Technology, Boarding Schools)	40	40	40
69	Fishmongers and fishfryers	69	69	69
351	Sugar confectionery	351	351	351
4	Ice cream manufacturers	4	4	4
594	Ice cream retailers	594	594	594
2	Sausage factories	2	2	2
14	Supermarkets, departmental stores	14	14	14

COMPLAINTS ABOUT FOOD

The number of complaints about food was 212, seven more than in 1965.

Bread	36	Potato crisps	1
Flour	2	Milk/cream—fresh	14
Cakes, biscuits, fruit pies	20	dried	2
Fish—fried	2	canned	1
fresh	2	Yoghurt	1
frozen	1	Bacon, ham	8
canned	3	Ice cream	1
Meat—fresh	12	Jam, preserves	4
canned	8	Sugar confectionery	7
frozen	1	Cheese	1
pies, sausages	32	Baby food—canned	4
Poultry	4	Butter	1
Vegetables—fresh	8	Meals	16
canned	1	Sandwiches	1
Cereals	4	Whisky	1
Soup	1	Drink coolers	1
Fruit—fresh	3		
dried	1		
canned	7		

88 complaints related to bread, cakes, pies and sausages. It is again necessary to comment on the need for extra care in bakehouses after lubrication of the machinery, as complaints were again made about grease smears in bread. The complaints were investigated, in some cases back to the manufacturers, and warning letters were sent, except where legal action was considered necessary, as listed below.

Prosecutions

							<i>Fine</i>	<i>Costs</i>
Bread	...	...	...	Mould	...	...	£20	£3 18 0
Bread	...	...	...	Part of fly in the loaf	...	...	£5	£3 18 0
Sausage roll	...	...	...	Metal screw in the pastry	...	...	£10	
Flour	...	...	...	Infested with moth	...	...	£5	£3 18 0
Bacon	...	...	...	Blowfly larvae	...	...	£50	£3 18 0
Veal, ham and egg pie	...	...	...	Mould	...	...	£20	£3 18 0
Bun	...	...	...	Cigarette filter tip	...	...	£100	£3 18 0
Sausages	...	...	...	Mould	...	...	£75	£3 18 0
Apricot pie	...	...	...	Mould	...	...	£15	£10 10 0
Bread	...	...	...	Mouse excreta	...	...	£15	£3 18 0
Yoghurt	...	...	...	Mouldy	...	...	£10	£3 18 0

One complaint was that whisky was being diluted with ginger ale, but formal samples were taken and the whisky was found to be genuine. Sherry was alleged to be absent from a "Sherry trifle" but samples were taken and sherry was found to be present. Investigation of a complaint that meat served in a restaurant was unsound revealed defects at the restaurant which warranted prosecution, and fines totalling £75 were imposed. An application was to have been made for a magistrate's order disqualifying the proprietor, but before the hearing he had sold the premises and left town. The new owner brought the premises up to a good standard.

Hygiene in food premises

Inspections of food premises under Food Hygiene Regulations and Offices, Shops and Railways Premises Act, 1963, were carried out on a routine basis, concentrating on the central part of the town. The additional time spent on Offices and Shops inspections has of course reduced the number of premises visited, for example at a departmental store where only the canteen and restaurant would previously have been inspected, the whole of the shop, storerooms and staff accommodation has to be inspected.

50 accidents involving personal injury were reported as having occurred at food premises.

Coffee Bars

Evidence was prepared to support the clause in the Brighton Corporation Bill to control coffee bars and coffee stalls. Health Department requirements included in the Bill related to means of lighting, sanitation and ventilation and the number of persons to be allowed on the premises at any time.

Prosecutions under Food Hygiene (General) Regulations, 1960

						<i>Fine</i>	<i>Costs</i>
Mouse excreta in a bakehouse	...	...	...	...	...	£5	
No wash hand basin in a grocer's shop	...	...	...	...	...	£20	
No hot water to sink in a grocer's shop	...	...	...	...	...	£10	
Insanitary state of store in a grocer's shop	...	...	...	...	...	£20	£3 18 0
Dirty and grease encrusted cookers	...	...	...	...	...	£10	
Dirty refrigerator and deep freeze cabinet	...	...	...	...	...	£10	
Food not protected from risk of contamination...	...	...	...	...	...	£10	
Food placed so as to involve risk of contamination	...	...	...	...	...	£10	
Not providing a "wash hands" notice	...	...	...	...	...	£3	
Not providing soap and nailbrush	...	...	...	...	...	£4	
Not providing first aid materials	...	...	...	...	...	£4	
Not keeping clean the walls, floors, doors, windows, ceiling, woodwork, etc.	...	...	...	...	...	£10	
Not keeping food below 50° or over 145°F.	...	...	...	...	...	£4	

FOOD INSPECTION

Foodstuffs surrendered from markets and shops

	Tinned or bottled (units)			Other foodstuffs (pounds)		
	Meat Fish Poultry	Fruit Veg	Other items	Meat Fish Poultry	Fruit Veg	Other items
Abattoir ...	535	1186	176	10661	—	176
Food and Drugs ...	598	3544	237	18653	16519	3792
Totals ...	1133	4730	413	29314	16519	3968

EDUCATION IN FOOD HYGIENE

Two courses of ten week lectures were given at the Technical College to caterers and others on the food trade. Thirty four of the students were successful in obtaining the certificate of the Royal Institute of Public Health and Hygiene. Three talks, illustrated by slides and films, were given to 123 members of the staff of the School Meals Service, three lectures to the licensed and catering trades, one to dairy staffs taking the City and Guilds certificate, and three to multiple food shops. Although circulars were sent to all catering and food businesses inviting attendance at the Food Hygiene course at the Technical College, the response was very disappointing. It is a matter for regret that there has been a falling off of recruits for the food hygiene course, the main purpose of which is to instruct food handlers of the sources of food contamination, and measures which can be taken to prevent food poisoning.

The distribution of clean food posters for display in kitchens and food preparation rooms was continued. Thanks are due to the Hong Kong Health Department for supplying posters and leaflets on food hygiene, in Chinese, which were supplied to the six Chinese Restaurants in the town.

STUDENT TRAINING/PUBLIC RELATIONS/HEALTH EDUCATION

In addition to the training of our own Students the Public Health Inspector's Section has organised observation visits for groups of students from London University, The Health Visitors Course, The Queen's Nurses, Brighton and Hove Training School and other training bodies.

At the request of the World Health Organisation Health Inspectors from Turkey, The Sudan and Zambia have been attached to the section for training for various periods.

The Ministry of Health asked us to arrange a programme of visits to add to the practical experience of a Swedish County Health Consultant who had been awarded a Council of Europe Fellowship.

Mr. Gibson, Deputy C.P.H.I., was asked to give a paper on the Public Health Aspects of Food Packaging Vending Machines at the Annual Conference of the Association of P.H.I.'s. in September 1966. The paper led to a subsequent B.B.C. interview which was broadcast on two national programmes.

The same officer was also invited to speak on Food Hygiene at the Annual Conference of the Catering Section of the London Passenger Transport Board.

As representatives of London Authorities and Ministries were much more conveniently available to undertake this task, Mr. Gibson's selection was a great compliment to Brighton's reputation in the food hygiene field.

NOISE NUISANCES

Complaints of nuisance from noise arising from six catering premises were investigated. Three of the complaints referred to nuisances caused by loud music, two nuisances were caused by ventilation systems, and one was a combination of music and motor cycles. All the nuisances were remedied with the exception of the one involving traffic noises, which was referred to the Police.

PUBLIC ABATTOIR

Mr. R. L. SCOROW, Senior Meat Inspector, reports:

Tuberculosis

Only 6 Tuberculosis Reactors were slaughtered during the year compared with 11 in the previous year. No visible lesions of Tuberculosis were found in any of the cattle but one old cow had an area of Skin Tuberculosis on a fore-limb making her a "skin-lesion" reactor.

During routine meat inspection a lesion suggestive of Tuberculosis was found in a young heifer. The local Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food was informed so that further veterinary inspection of the herd involved might be made.

Fascioliasis

Rejection Rates of Bovine Livers

Year	Throughput	Whole Livers					Part Livers Fascioliasis	
		Total affected	%	Cause	No.	%	Total affected	%
1966	6794	1938	29	Fascioliasis	1193	18	2058	30
				Abscesses ...	593	9		
				Other causes	152	2		
1965	8905	2924	33	Fascioliasis	2137	24	2214	25
				Abscesses ...	633	7		
				Other causes	154	2		

The above table shows that this year the total rejection rate of whole bovine livers has fallen by 4% whilst the fascioliasis rate has only fallen by 1%. Local market cattle carry a high fascioliasis incidence which is reduced statistically in this slaughterhouse by the numbers of fascioliasis-free "barley-beef" cattle that are slaughtered. These "barley-beef" cattle are responsible for a 2% rise in livers rejected for abscesses.

In a continuing endeavour to interest farmers to treat their livestock for fascioliasis, the Brighton and Hove Butchers' Association convened locally an interesting and most informative meeting with an audience of butchers and farmers. The meeting opened with the presentation by members of the Animal Health Division, Ministry of Agriculture, Fisheries and Food, East Sussex of a colour film giving details of the life cycle of the liver fluke and methods of dealing with its associated problems. This was followed by local statistics and information supplied by a panel consisting of the Senior Meat Inspector, Brighton, the Divisional Veterinary Officer, East Sussex, a Research Officer of the Ministry of Agriculture, Fisheries and Food and a local practising veterinary surgeon.

Pyaemia

For several years past, the meat inspectors have been concerned with a marked increase in numbers of pigs slaughtered which, on examination, have had abscess formations in the carcasses. This frequent finding of pyogenic infection in varying forms suggested that this was likely to be a continuing major problem of inspection judgment in pigs for some time to come. Because of the time involved it was decided that the only satisfactory way to deal with this problem was to establish a routine of splitting the pig carcass as soon as an abscess in any part was found. This enabled a more close and searching examination to be made. The soundness of this decision was confirmed by a later amendment to The Meat Inspection Regulations, 1963.

Abscesses are formed where pyogenic organisms gain entry to the body through wounds. The sites vary according to different age groups.

In young pigs, wounds commonly found infected are those following castration. An abscess in this location, if ignored, can result in a swelling of over one foot in diameter; if this bursts in the slaughtering process it can result in a widespread contamination of the carcass. On occasions, the infection of the scrotal abscess goes forward into the pelvis and its associated lymph nodes and even into the peritoneum and intestines.

The relatively new phenomenon of "tail-biting" amongst pigs accounts for most of the cases of pyaemia found in the slaughterhouse. This seems to have arisen as a result of boredom in intensively reared herds. The damage to the tail may vary from loss of the end joint only to a total loss resulting in a raw circular area some 2 to 3 inches in diameter. From this area, the infection spreads by either lymph flow forming pelvic abscesses or by blood flow forming pyaemic foci in lungs and vertebrae. Often the vertebral lesion is confined to the lumbar region but instances do occur where lesions are found in the thoracic region or the sternum. Active pyaemic foci surrounded by a hyperaemic zone are easily seen but careful palpation of the lungs may be required before the slightly encapsulated yellow lesions of the chronic state are found.

Abscesses can be found in locations other than those mentioned above. Those in the neck region, so common in the past, are seldom seen now. Perhaps this is because swine fever vaccination has not been given to pigs in recent years. Abscesses over the loins are fairly common probably following damage to skin from abrasive edges of sty openings. Subcutaneous abscesses spaced at intervals and following the course of a lymph vessel are occasionally seen.

Sows are particularly prone to septic foot lesions which, when cut, show a typical fibrous swelling through which tracts of pus are running. Pyaemia is not infrequently found to be associated with this lesion.

Arthritis

In response to a veterinary enquiry into the occurrence of arthritis in pigs the following information was compiled.

Items rejected for Arthritis

Year	Throughput	Carcasses	Legs	Part Legs	Shoulders	Knuckles
1966	18867	7	11	109	25	162
1965	31756	33	16	89	39	363

Percentage incidence of Arthritis

Year	Overall	Carcase Rejection	Knuckles
1966	1.7	0.04	0.8
1965	1.7	0.1	1.1

The knuckles were rejected for arthritis in the joint between the tibia and the astragalus. Septic arthritis accounted for the majority of the carcasses rejected, whilst the remainder rejected were for chronic arthritis and poor physical condition.

The overall incidence is inflated because of the obvious possibility of arthritis occurring in more than one limb of a single pig. On the other hand, care is taken to distinguish between bursae and arthritis.

There is an impression that the incidence of arthritis is decreasing in pigs slaughtered at the Public Abattoir. This may be due to the selective control exercised by the slaughtering contractor, but septic or chronic arthritis still continues to be a common cause for "casualty" slaughter.

Suspect Jaagsiekte

Jaagsiekte is a chronic disease of sheep characterised by an insidious form of pneumonia in which adenomatous lesions are frequently a prominent feature. There is a tendency to consider pneumonia as a specific condition whereas it is in practice a wide term with several possible causes. The causal agent of jaagsiekte is still obscure but the isolation of pleuro pneumonia-like organisms from a number of cases has been reported. Some veterinary authorities think that, because of its adenomatous appearance, jaagsiekte might possibly be of the nature of a transmissible neoplasm but, to date, it has not been grouped with other lung neoplasms. Because of the seeming parallel to the fowl leucosis complex, where different manifestations of the same disease are grouped together, it has been suggested that a more appropriate classification would be "sheep pulmonary adenomatosis complex".

There are only a few published reports of this disease occurring in Britain and it seems only to affect sheep of Scottish origin. The disease is well recognised in certain parts of Scotland and an outbreak of jaagsiekte in Cambridgeshire following movement of sheep from Scotland, showed how easily the disease could spread.

It has always been assumed that the soft greenish-yellow round lesions found in sheep lungs after slaughter were nothing more serious than parasitic pneumonia. However, when certain atypical lung lesions were found, it was decided to test whether this supposition continued to be correct. The lesions sent for examination were white, firm, round or oval and measured from 5 to 10 cm. in diameter. The different colour and hardness suggested the possibility of either neoplasms such as adenomata, or a form of the sheep pulmonary adenomatosis complex.

The Department of Pathology of The Royal Veterinary College reported "Histological examinations of sections from three representative areas showed pneumonia and granulomatous changes associated with the presence of large numbers of parasitic larvae. No real evidence of pulmonary adenomatosis was detected".

Although advanced lesions of adenomatosis have been discovered in Scottish slaughterhouses, they are yet to be found in this Public Abattoir.

Neoplasms

From 12 specimens of neoplastic material sent for investigation four proved not to be true neoplasms. The results are summarised in the following table.

Primary Division	Provisional Classification	Cattle	Calves	Sheep	Pigs
Benign	Adenoma	1			
	Cortical adenoma	1			
	Liver cell adenoma	1			
	Leiomyoma	1			
	Melanoma	1			
	Phaeochromocytoma	1			
Malignant	Pleomorphic sarcoma ...	1			
Mixed i.e. negative & benign	Haematoma (mainly) ... and Angioma (border) ...			1	
Negative	Actinobacillosis	1			
	Encapsulated Haematoma ...	1		1	
	Cortical hyperplasia	1			

Brucellosis

At last there are indications that the long awaited brucellosis Eradication Scheme will come into being in the near future. It is assumed that this Scheme will operate similarly to the Tuberculosis Eradication Scheme where Tuberculosis Reactors are sent for slaughter and subjected to post-mortem examination to determine their fitness for food. It is in the slaughterhouse where the parallel ends and a possible problem arises. The judgment of a Tuberculosis Reactor is based upon the fact that Tuberculosis will usually produce a lesion visible in lymph nodes or organs or carcase. On the other hand, the manifestations of Brucellosis are mainly of a clinical nature with no visible post-mortem lesions apart from a possible change in the appearance of the uterine lining. It is well known that the *Brucella* organisms are likely to be in the uterus, udder and supramammary lymph nodes but bacteriological surveys have shown that they may also be present in the iliac lymph nodes and even the liver and spleen. It is to be hoped that the criteria of post-mortem judgment of organs and carcasses will be properly established before Brucellosis Reactors start to arrive in the slaughterhouse.

Vaccination of slaughterhouse operatives

During the year, all personnel associated with the Public Abattoir were offered and accepted active immunisation against Anthrax and Tetanus.

Casualty slaughtered animals

Number slaughtered	Totally Rejected	Carcases of which some part or organ was rejected	Passed Unconditionally
Cattle ... 35	11	14	10
Calves ... 11	2	3	6
Sheep ... 4	—	2	2
Pigs ... 49	15	18	16
TOTAL ... 99	28	37	34

Poultry

During the year a survey was made to determine the numbers of poultry handled by wholesalers associated with the Public Abattoir and Meat Market. The table shows the approximate weekly turnover and the Christmas period sales.

Poultry sales

CATEGORY								
Turkeys		Ducks		Geese		Chickens		
undrawn	Oven-ready	undrawn	Oven-ready	undrawn	Oven-ready	Roasters		Hens
undrawn	Oven-ready	undrawn	Oven-ready	undrawn	Oven-ready	undrawn	Oven-ready	undrawn
* 20	85	80	90	—	80	1700	3250	260
† 7700	6700	25	500	110	450	2800	150	150

* — Weekly average

† — Christmas average

The quality of poultry available on sale is high. Local butchers demand a first quality product and wholesalers only accept from suppliers poultry which meet this standard. This is supported by casual inspection and diseased poultry is indeed a rarity. With very few exceptions, the main reason for any rejection of poultry by the meat inspectors is decomposition due to either inadequate temperature control or store staleness.

DISEASES OF ANIMALS ACTS

Swine Fever Order of 1963

Once again this year on no occasion was Swine Fever suspected in the slaughterhouse and neither were any pig producing premises declared to be Infected Places within the meaning of this Order. This reflects the success of the policy of eradication by compulsory slaughter initiated by the provisions of the Order.

Swine Fever (Infected Areas Restrictions) Order of 1956

The County Borough was not included in an Infected Area.

Foot and Mouth Disease (Infected and Controlled Areas) Orders of 1938

Following an outbreak of Foot and Mouth Disease on two farms in West Sussex, part of the County Borough was included in an Infected Area from the 29th September to the 16th October.

The Public Abattoir was included in the Infected Area and entry of livestock was permitted under licence. Unfortunately, the Infected Area did not include the Controlled Tip at Sheepcote Valley and consequently no slaughterhouse refuse from the Public Abattoir could be permitted to go there. The serious and pressing problem of the disposal of the slaughterhouse refuse was only solved by the helpful co-operation of Hove Borough Council in permitting the refuse to be burnt in their Refuse Disposal Plant.

During this period, all cattle lorries, after unloading their consignments at the Public Abattoir, were thoroughly cleansed and disinfected before leaving the premises. Over 100 movement licences were issued and users of the Public

Abattoir only suffered the inconvenience of obtaining movement licences and complying with their requirements.

This small episode proved very useful in reminding everyone concerned with livestock of their various responsibilities when involved in a Foot and Mouth Disease Infected Area.

Anthrax Order of 1938

There were no cases of Anthrax within the County Borough this year.

Slaughter of Animals Act, 1958

On 31st December, 1965, twelve persons were in possession of slaughtering licences issued by the County Borough.

Slaughter of Animals (Prevention of Cruelty) Regulations, 1958

The annual return made by the occupier of the local knacker's yard showed that no horse had been slaughtered on the premises and that 26 horse carcasses had been received there during the year.

ANIMALS SLAUGHTERED AT THE PUBLIC ABATTOIR

Carcases and Offal Inspected and Rejected in Whole or Part

	Cattle	Calves	Sheep	Pigs
Killed	6794	1115	20441	18867
Inspected	6794	1115	20441	18867
<i>All diseases except Tuberculosis and Cysticerci:</i>				
Whole carcasses condemned	17	10	34	88
Carcases of which some part or organ was condemned	4327	79	5255	6642
Percentage of the number infected with disease other than Tuberculosis and Cysticerci	63.94	7.98	25.87	35.67
<i>Tuberculosis only:</i>				
Whole carcasses condemned	—	—	—	—
Carcases of which some part or organ was condemned	1	—	1	39
Percentage of number inspected infected with Tuberculosis	0.01	—	0.01	0.21
<i>Cysticercosis only:</i>				
Carcases of which some part or organ was condemned	55			
Carcases submitted to treatment by refrigeration	55			
Percentage of the number inspected infected with Cysticerci	0.81			

Mr. L. H. Whanslaw (Special Duties) has submitted the following particulars of work he has carried out during the year.

With the full co-operation of the Borough Surveyor 2,384 plans submitted for Building Regulation and Planning approval were examined in respect of the environmental health services.

Discussions with developers, architects and builders followed on 326 occasions. Altogether 1,037 inspections were made whilst work was in progress. This shows a large increase over the inspections made in 1965 and was due to the fact that a technical assistant was assigned to me for this work.

Many plans were submitted for the installation of bathrooms, internal water-closets and wash hand basins and reflects the use being made of improvement grants by property owners. In many instances these works have necessitated substantial improvements in existing basements and improving the general standard of housing in the area.

During the year the Top Rank Entertainment Centre opened in the West Street Development Area. This was the culmination of a number of complex problems which were the subject of negotiation with the architects. The standard of ventilation, heating, boiler installations, the adequacy of sanitary accommodation and washing facilities were subjects of negotiation and whilst there has been some local criticism of the external appearance of the building there can be no doubt about the high standards of the facilities provided in the building.

Loss of Residential Accommodation

88 applications were investigated where applications for change in the use of property and on re-development proposals involved loss of residential accommodation. In 41 cases it was found that the residential accommodation was, in its present state, unfit for human habitation or the premises were in congested or badly arranged areas.

In many other instances internal bad arrangement of the living accommodation was a major fault but unfortunately this cannot, at the present time, be taken into consideration when assessing the fitness or otherwise of a building used wholly or partly as living accommodation.

Nursing Homes

Inspections were made of all the registered nursing homes during the year. No major problems were found and advice was given to occupiers where necessary.

Old Persons Homes

During the year 19 inspections were made and in all cases the premises were satisfactory.

Day Nurseries and Play Groups

There was an increase in the number of enquiries for registration as daily child minders and visits were made to all the premises concerned.

The majority of the applicants were pleased to receive advice from this Department and the Fire Service.

It is felt that much more could be done in the supervision of child minders if the limitation, imposed by legislation, on the registration requirement that only those premises where children were received for a "substantial part of the day" are to be registered were reviewed. It would appear that some representations may be made to Parliament for greater control to be exercised by local authorities in this connection.

Clean Air Act, 1956

The measurement of atmospheric pollution continued during the year and the results were transmitted to the Warren Springs Laboratory, Ministry of Technology.

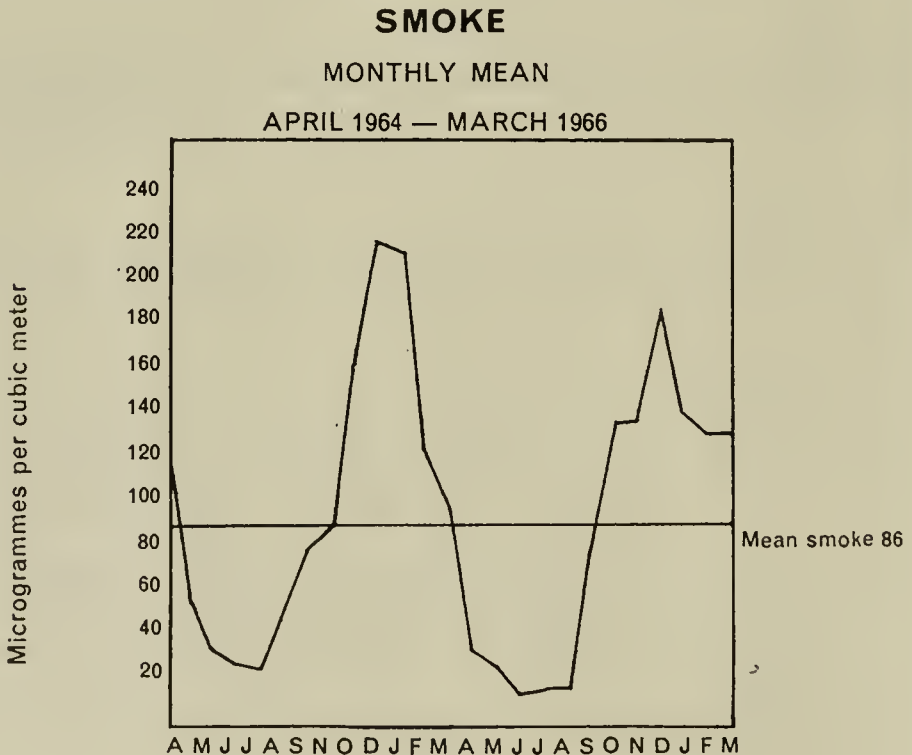
A combination of a mild winter and high winds was responsible for showing a reduction in atmospheric pollution over the year 1965.

Domestic smoke is the main source of pollution in Brighton and as it is discharged near to ground level its effects are soon noticed. By standing on one of the hills at the back of the town this fact can, during periods of temperature inversion be amply demonstrated. The valleys are seen to be enveloped in a pall of smoke held about 20ft. 0in. above the ground.

The general public complain about sewage on the beaches, about compulsory fluoridation of water supplies and many other topics but accept the inefficient use of fuels to heat their homes, with consequent pollution of the air with equanimity.

In the annual report for 1965 the making of smoke control orders was considered. There are difficulties to be overcome but action will have to be taken in the near future. As more and more of the so-called "Black Areas" in the country are controlled by Orders the time has come for sea-side resorts to make their contribution towards a cleaner atmosphere. The inefficient combustion of fuel which produces pollution of the air must come to an end.

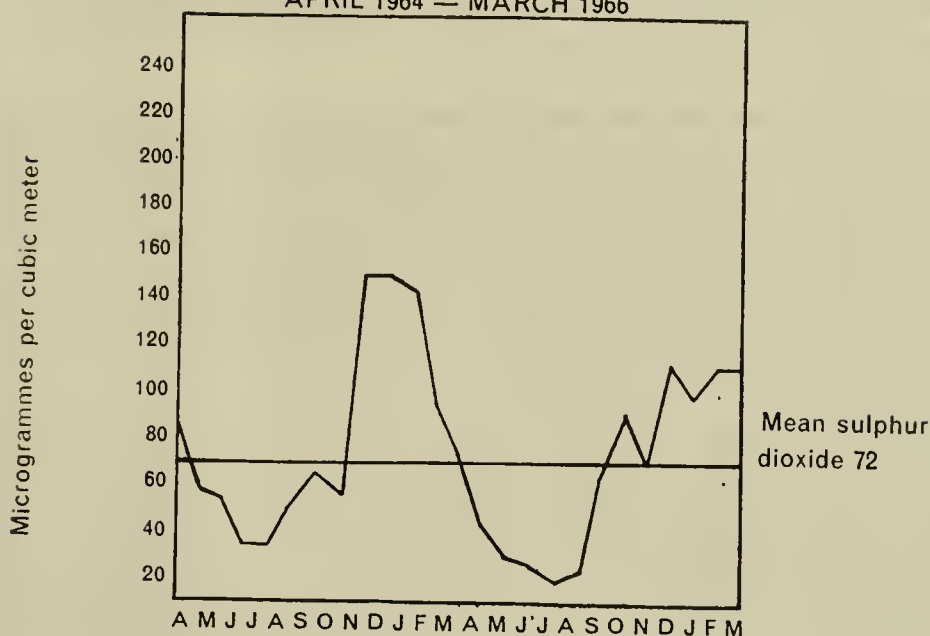
The following graphs illustrate the pattern of smoke pollution and the sulphur dioxide content of the air over a period of two years. It will be readily seen that there is a very wide difference between the summer and winter readings. The summer readings are amongst the lowest in the country but this does not apply to the winter readings. Not being an industrial or manufacturing area the smoke pollution of the atmosphere is mainly caused by domestic fires. As the summer readings show Brighton has a clean, pure atmosphere and this state should be preserved in the winter time. The contamination of the air can be reduced by appropriate action under existing legislation and action should be taken to preserve this vital amenity for a sea-side resort.



SULPHUR DIOXIDE

MONTHLY MEAN

APRIL 1964 — MARCH 1966



It has been reported that 60% of premises in the Greater London Area were covered by smoke control areas. Recent arrivals in Brighton and prospective purchasers of properties have made enquiries of the Department as to whether there were any smoke control areas in the town and expressed surprise and concern on being told that there were no restrictions on the use of fuels.

In October, 1966, a meeting of the Council of Europe and the World Health Organisation was held on the drafting of a "Clean Air Charter".

During the year 6 plans were approved under Section 10, Clean Air Act, 1956; in 4 cases the chimney heights were satisfactory but in two instances the proposed chimney heights were increased following discussions with heating engineers, Borough Surveyor and the Health Department. In the case of new installations the question of heights of chimneys has to be agreed but unfortunately we cannot deal with existing premises in the same way.

Complaints about smoke emissions numbered 15 in the year. Five complaints were made about garden bonfires usually arising from domestic disputes between neighbours.

The most common complaint and serious in its nature concerned the emission of oil smuts. The firms supplying the oil co-operated in the investigations and carried out modifications and alterations to the burners in the boilers but not always with 100% success.

Complaints of smells from certain types of domestic oil-fired boilers were received. In all cases investigated the cause of the complaint was found to be the type of burner installed in the boiler. Advice was given in regard to modifications which could be carried out and where this advice was acted upon there was an improvement.

In an effort to reduce all sources of atmospheric pollution it has been the practice to write to the owners of vehicles that were seen to be emitting excessive smoke and fumes. In general we have obtained the full co-operation of all concerned and the vehicles were taken off the road until the necessary adjustments had been made.

Pigeon Control

A large increase in the pigeon population in the town was very evident early in the year and the number of birds constituted a nuisance of some magnitude. The damage to property was increasing and the defacement of newly decorated buildings was an eyesore. The use of seats in the parks and public open spaces was hazardous and the seats were fouled.

A major complaint was the depredations caused by wood pigeons in parks, flower beds and in private gardens. The beauty of the floral displays in the parks is a feature of the town, much appreciated by the townspeople and visitors, and is an aspect of municipal administration of which the Council is justifiably proud. The damage caused by wood pigeons to these displays was enormous and cost the town dearly in planting and re-planting the flower beds.

The total cost in damage to buildings and to the amenities provided in the town could not be assessed with any accuracy but it certainly ran into thousands of pounds per annum.

Research work on the dangers to public health by the presence of large flocks of pigeons has been carried out in various countries and it has been suggested that such diseases as poliomyelitis, meningitis, bronchitis, certain eye diseases could be caused by pigeons, their droppings and their nests. Detailed examinations of pigeon nests have been carried out and many parasites have been found. Moths and particularly the common clothes moth are found and it is suggested that when such an infestation is demonstrated the building should always be examined to see if there are any birds' nests on the building, or if they have gained access to the building through roof, gutters, etc.

The following description of two complaints dealt with during the year will demonstrate some of the public health aspects of this pest.

Complaints were received that persons employed in an office block were being bitten by insects and some of the personnel had to seek medical attention.

Investigations were made and it was found that the building was of modern construction and had been completed less than 12 months. No defects could be found in the building and there was nothing in the premises to harbour vermin. The majority of the persons affected by the insect bites were on the top floor of the building. The infestation appeared to be centred in one office. All persons, male and female, employed in this office, were affected on the legs and round the waist line. The male persons showed their legs and they were covered with minute red areas giving the appearance of a rash.

Examination of the building showed that a ventilation trunk in the roof void had not been fitted with a grating on the external wall. The ceiling was of modern suspended construction and the only way of gaining access was the removal of perforated metal ceiling units. The builders responsible for the erection were called in and some of the ceiling units were removed. The upper surface of the metal ceiling strips were covered with insulating material about 1in. thick. The ventilation trunk was made of asbestos board with butt joints. On opening the trunk a pigeon nest was found, 5 live birds were removed, 2 eggs and one decomposing dead pigeon. Attached to the nest was the beginnings of a mite's nest.

The nest and ceiling insulating material were submitted to the Ministry of Agriculture, Fisheries and Food Infestation Control Laboratory for examination.

The following extracts are taken from their report:

"In the nest there were many thousands of mites and many mites were also found in the insulating material. These have been identified as *Dermauyssus gallinae*. This species of mite inhabits birds nests and is also very troublesome

in poultry houses. They are blood-feeding mites, with stylet-like mouth parts, and they will attack humans, causing irritation and local inflammation.

Also in the nest were bird fleas, of the species *Ceratophyllus gallinae* and more were found in the insulation. This species is one of the commonest bird fleas which is, again, troublesome on domestic poultry and which will also attack humans.

Altogether we found 86 fly larvae and pupae, mostly in the ceiling insulation although one or two were found in the nest itself. So far 58 of these pupae have emerged as adult flies and these are all of the species *Calliphora erythrocephala* the well known blue bottle or blow fly. I understand that a dead bird was found in the duct and this is almost certainly the origin of the fly infestation.

A few psocids of the genus *Lepinotus* were also present in the nest but these would be of no particular public health significance.

The skin irritation of which the office worker in this building complained is, no doubt, due to the mites which have wandered from their original habitat and spread into the office below. The fleas in all probability took a hand also.

When fully grown, the larvae of blow flies emigrate away from their food and wander in search of a pupation site—often burrowing into the soil or entering cracks for the purpose. The insulation material, which I understand to be of fibreglass, provided an excellent pupation site for them and, but for its presence, the larvae would probably have dropped from the ceiling. In any event, this hidden infestation would soon have made itself felt by the appearance of a plague of blow flies.

The insects which inhabit birds' nests are many and varied and include a number of the common public health species—including house flies, blow flies, carpet beetles, larder beetles, spider beetles, clothes moths and house moths. It is thought that birds' nests form the natural habitat for these insects and that, by clothing himself and furnishing his home with animal fibres, by heating his houses and storing his food, man has provided an ideal alternative for these nest species. Invasion from one habitat to another is made easy when birds are allowed to nest in building structures."

Investigation in this case proved that the pupae and larvae had emigrated in the ceiling insulation material for a distance of more than 6ft. 0in. from the ventilation trunking. The infestation had been found in its early stages and by insecticidal spraying it was possible to prevent a large scale blow fly problem. Modern methods of building construction do not make this work easy. The space above the suspended ceilings, that is the roof void, covered the whole area of the building and with no rafters or supports in the roof space it is necessary to work on steps below ceiling level and to have ceiling panels removed in each room so that the whole of the roof space can be covered. From what was found in this case, ventilation trunking being made up of asbestos board with butt joints, there is a risk of infestations of various kinds being harboured in insulation materials with disastrous consequences. All roof spaces should be bird and insect proof and this point should receive particular attention from architects and builders.

A second case of an "unusual rash" was reported by a general practitioner. The appearance of the rash was very similar to that noted in the case of the office workers. On investigation it was found that next door to the affected family there was a pigeon loft. A young boy wanted to keep pigeons but after a time he lost interest in them and they were allowed to go feral. The pigeon loft was in a filthy state and infested with mites. In the house of the family affected was a cat which was allowed on the beds. It was found that the cat frequently visited the pigeon loft in the hope of catching a bird. The cat was examined and was found to be carrying bird mites in its fur and also a few cat fleas.

The pigeon loft was cleaned and disinfected and the cat was deloused. The "unusual rash" disappeared from the humans.

These two experiences during the year do prove that in addition to damage to buildings and the fouling and defacement that takes place due to the presence of pigeons they create a definite public health problem apart from the possibility of spreading illness and disease in the population.

The work of the Department in the reduction of the pigeon flocks was severely criticised by the local branch of the R.S.P.C.A. A number of meetings were held but it was eventually found necessary to use methods of control that the local committee of the R.S.P.C.A. did not approve. They did not approve of shooting, netting and the oral administration of a narcotic.

Enquiries were made about the use of "the pill" in an attempt to gain some control of the situation. The breeding cycle for pigeons is some 6 weeks which extends for the greater part of the year the unchecked rate of growth of the pigeon population and poses many problems. The Ministry of Agriculture, Fisheries and Food advised that there is no question of using reproductive inhibitors. Quite apart from the fact that it is extremely unlikely that they would solve our problems, their use would be strictly illegal and they would definitely not issue any form of licence.

From experiments made with contraceptive drugs there has been little success. Apparently control in this way would necessitate a reasonably regular ingestion of the drug. With other food available most of the time and the drugged bait only down for short periods it would be unlikely that many pigeons would get anything like a regular intake. Whatever drug is used, and for whatever period, it would be taken up by other birds of protected species. So far it has proved impossible to find a bait which is eaten only by pigeons. Unless such a bait can be found it is impossible to carry out a selective treatment and any attempt to sterilise pigeons would involve the accidental sterilisation of some other species.

There are two distinct problems in dealing with pigeons in this town. There is the Rock or Feral pigeon and wood pigeons. The feeding habits of the two species are totally different. Wood pigeons do not feed on the waste food and corn thrown on to the ground by well meaning but misguided persons. Their diet is usually of green stuffs particularly early plant shoots. These pigeons are the most destructive pest in gardens and their depredations can be very costly. For instance in 1965 the Parks Department planted out some 2,000 begonias in the flower beds in the town centre. The whole of these bulbs were destroyed by wood pigeons and the plants had to be lifted and the beds re-planted. An estimate of the cost of this single episode was estimated to be £800.

Because of their feeding habits it is not possible to deal with wood pigeons by the use of nets, traps or narcotics and the only sure method is by shooting.

In the attempts to reduce the number of pigeons in the town we have used traps, shot propelled nets, narcotic treatments and shooting.

In whatever form the work is undertaken there is always sabotage and interference from members of the public who feed these birds. At times the work is very frustrating as efforts built up over 7 days of prebaiting can, and often are of no avail because of last minute interference by members of the public and so-called bird lovers. It is not advocated that we should attempt total extinction of the pigeon population even if that were a feasible proposition but when the number of birds constitute a nuisance then some control should be exercised.

The use of plastic strips of various proprietary makes does not make any contribution to this work. The birds merely move from a treated building on to the one next door. One treatment may remain effective for about 18 months and then should be renewed.

All the churches and high buildings have been visited and proofed against the entry of birds. There has been some cost to the Corporation as the financial

position of many of them was such that they could not find the capital sums involved. As it is imperative that this work was done to assist in the reduction of pigeon flocks by denying to the birds the breeding places they had been using the Corporation considered applications for financial assistance.

The number of roofs on business premises which allowed the ingress of birds was surprising and as many as 200 birds have been taken out of roof spaces of lock-up premises. Empty houses and derelict properties, in addition to occupied houses have also proved to be sites of major infestations. The photographs on pages 123-5 give some indication of the fouling which takes place. The droppings are usually damp and smell offensively when disturbed. Nests of mites and maggots are found. Many owners do not want to pay the cost of clearing such roof spaces but whilst the local authority takes steps to reduce the pigeon population they do not pay for the repair and proofing of premises or for the removal of such accumulations. The contractors employed by the Corporation to reduce the number of pigeons will undertake the repair, proofing and removal of noxious material from the premises on behalf of the owners concerned.

During the year 4,621 pigeons were destroyed. In addition 314 eggs were removed from nests and 205 fledgelings were disposed of making a total for the year of 5,140 birds and eggs.

A comparison of the success of the various methods employed can be gauged from the following figures.

Number of birds caught and destroyed by the use of traps	...	...	...	...	...	...	71
Number of birds caught and destroyed by the use of nets	...	...	...	...	...	...	143
Number of birds caught by hand in roof spaces	...						589
Number of birds caught by narcotic treatments	...						394
Number of birds shot...	...	...	...	...	...	...	3,424

Isolated sites were treated by narcotic baits but in August a general treatment involving 7 sites was carried out. The results of the general treatment were disappointing and this experience showed that better results are obtained in operating in one or at the most, two sites simultaneously. Because all narcotised bait has to be swept up and removed by 8 a.m. this somewhat restricts its use. Also Brighton, as a sea-side resort, has a traffic build up from about 4 a.m. and by 7 a.m. there is a great deal of activity in the town. Sunday, the day specified for the use of narcotic bait, is a very busy one from the very early hours.

The most effective method is shooting. Early morning shoots are carried out from 5 a.m. to 8 a.m. and evening shoots from 5 p.m. to 9 p.m. At other times all night shoots take place.

Air rifles are used for night shooting and in daylight shot guns are used. There is close co-operation with the Police and all members of the team have to "book in" at the Police Station and the area to be worked is explained to the Police authority.

Persons engaged on this work must be proficient in the use of guns and be competent marksmen. A Public Health Inspector accompanies the Contractor on these shoots and he can and does stop any operatives working who are not competent marksmen. There should be no wounded birds left to suffer and when a bird on rare occasions is wounded it has to be despatched immediately with a second shot. As this work is under the supervision of a Public Health Inspector and every care is taken to prevent undue suffering there has not been a single complaint of wounded birds being left to die which was due to the actions of our Contractors. Records are kept of every shot fired and the number of birds destroyed. The standard of marksmanship is high and there is more than 90% success.







COUNTY BOROUGH OF BRIGHTON



ANNUAL REPORT
OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER

W. S. PARKER, *V.R.D.*

M.B., Ch.B., D.P.H., D.I.H.

1966

HEALTH DEPARTMENT

BRIGHTON

July, 1966

To the Members of the Brighton Education Authority.

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present my annual report on the School Health Service in Brighton for which, as Principal School Medical Officer, I am responsible to the Brighton Education Authority.

During the year Dr. Heller has been able to consolidate the work of the Child Guidance Clinic although he is considerably handicapped by the limited number of professional sessions which he is permitted to allocate to Brighton. The move into new premises is a welcome improvement. The improved working conditions will benefit both staff and patients.

The joint circular from the Ministry of Health and the Department of Education and Science on the assessment of handicap holds out promise for the future. It should now be possible to provide overall care without the risk of gaps due to departmental boundaries.

I would like to express my thanks to all members of other departments who have contributed to this report and also my appreciation of the co-operation shown by the Director of Education and his staff and also the head teachers.

In conclusion I would acknowledge the work of the members of the School Health Service which has made this report possible. In particular I wish to mention my Deputy, Dr. P. J. C. Walker is principally responsible for the service and also for preparing this report for me.

Yours faithfully,

W. S. PARKER,

Principal School Medical Officer

EDUCATION COMMITTEE FOR THE COUNTY BOROUGH OF BRIGHTON

Members of the Education Committee and certain Sub-Committees
as at 31st December, 1966.

EDUCATION COMMITTEE

Councillor A. SLESS, M.B., B.Ch. (Chairman)	Councillor G. W. HUMPHREY
THE WORSHIPFUL THE MAYOR (Alderman Mrs. D. K. G. WATSON-MILLER, J.P.)	" C. W. JERMY
Alderman D. S. Y. BAKER, M.B.E., J.P.	" J. REEVE
" R. BATES	" R. J. SALT
" S. D. DEASON	" D. B. SHELDON
" G. FITZGERALD	" R. H. SHRIVES
" J. L. MILLER	" S. W. TAYLOR, M.B.E.
" Miss D. E. STRINGER, O.B.E.	" Mrs. M. L. WIGGANS, J.P.
" F. E. WINCHESTER	Mr. G. A. BURTON
Councillor R. J. BLACKWOOD	Mr. N. W. CARTER, B.SC.
" G. G. BRADLEY	The Rev. M. G. COSTELLO
" Mrs. G. M. CECCOTTI	Mr. E. W. R. EDE, M.B.E.
" H. W. GEORGE	Mrs. W. R. GATEHOUSE, L.G.S.M.
	Mrs. M. JAMESON
	The Rev. Canon J. N. KEELING
	Mrs. M. G. MILLS, M.A.
	The Rev. EMRYS WALTERS

SCHOOLS SERVICES SUB-COMMITTEE

Councillor Mrs. M. L. WIGGANS (Chairman)	Councillor R. H. SHRIVES
THE MAYOR	" A. SLESS (<i>ex-officio</i>)
Councillor Mrs. G. M. CECCOTTI	Mr. G. A. BURTON
" G. W. HUMPHREY	Rev. M. G. COSTELLO
" D. B. SHELDON	Mrs. W. R. GATEHOUSE
	Mrs. M. JAMESON

SCHOOL ATTENDANCE AND EMPLOYMENT BRANCH SUB-COMMITTEE

Councillor T. A. MARKHAM (Chairman)	Rev. M. G. COSTELLO
THE MAYOR	Mr. E. W. R. EDE
Councillor R. J. SALT	Miss R. EVANS
" D. B. SHELDON	Mrs. M. JAMESON
" A. SLESS (<i>ex-officio</i>)	Miss S. SACCHI. (<i>representing Brighton Teachers' Association</i>)
" Mrs. M. L. WIGGANS	

MANAGERS OF THE BRIGHTON DAY SPECIAL SCHOOL FOR EDUCATIONALLY SUB-NORMAL CHILDREN

Mr. G. A. BURTON (Chairman)	Councillor Mrs. M. L. WIGGANS
THE MAYOR	Mr. E. W. R. EDE
Alderman Miss D. E. STRINGER	Mr. R. E. FITCH
Councillor D. B. SHELDON	Mrs. M. JAMESON
" A. SLESS	

SCHOOL HEALTH SERVICE STAFF

Medical Officers

W. S. PARKER, *V.R.D.*, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.I.H., Principal School Medical Officer.
 P. J. C. WALKER, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H., Deputy Principal School Medical Officer. (Appointed 1/3/66)
 L. B. PETERS, M.B., B.S., Senior School Medical Officer.
 L. D. WILLIAMS, T.D., M.R.C.S., L.R.C.P., L.M.S.S.A., D.P.H., School Medical Officer.
 MARY C. PRICE, M.B., Ch.B., C.P.H., School Medical Officer.
 A. B. COWAN, L.R.C.P., L.R.C.S., School Medical Officer (Part-time).
 E. H. OSBORN-SMITH, M.B., B.S., M.R.C.S., L.R.C.P., L.M.S.S.A., D.P.H., Diploma in Audiology, Medical Officer (Audiology).
 J. A. CHOLMELEY, F.R.C.S., Orthopaedic Surgeon.
 D. ST. CLAIR ROBERTS, M.A., B.M., B.Ch., F.R.C.S., Ophthalmic Surgeon.
 M. A. AHMAD, M.B., B.S., D.O., Ophthalmologist.
 N. R. W. SPACEK, M.B., D.A., F.F.A.R.C.S., Anaesthetist.
 M. D. A. HELLER, M.B., M.R.C.P., D.P.M., Consultant Psychiatrist.

Dental Officers

W. H. GARLAND, B.D.S., U.Lond., L.D.S.R.C.S., Principal School Dental Officer.
 PAULINE OSIS, D.D.D., School Dental Officer.
 R. H. THOSEBY, L.D.S.R.C.S., School Dental Officer.
 IRMA DROTH, L.D.S.R.C.S., School Dental Officer.
 L. G. MOREY, L.D.S.R.C.S., D.D.S., School Dental Officer (Part-time).
 F. C. SHENTON, L.D.S.V.U. (Manc.), D.Orth.R.C.S. (Eng.), Consultant Orthodontist (Part-time).

Child Guidance Clinic

Miss D. HAMMOND, B.S., Dip.Ed., A.B.Ps.S., Senior Psychologist.
 Mrs. J. ALLAN, B.A., Psychologist (Part-time).
 Miss G. M. LAWLOR, A.A.P.S.W., Psychiatric Social Worker.
 Mrs. P. PARKES, Secretary-Receptionist.

Speech Clinic

Miss S. A. BARNARD, L.C.S.T., Senior Speech Therapist.
 Miss R. WOODWARD, L.C.S.T.
 Miss R. MOORCROFT, L.C.S.T.

Orthopaedic Clinic

Mr. G. H. G. CALVER, M.C.S.P., S.R.P., Senior Physiotherapist.
 Mrs. E. HILLABY, M.C.S.P., S.R.P.

School Nursing Staff

Miss A. WEBBER*† Superintendent School Nurse Miss F. DAVIDSON School Nurse (Audiology) Miss A. ORRIDGE* Miss J. LEACH* Miss F. HOLLANDS*	Miss C. E. ROBERTS* Mrs. M. C. WALKER Miss J. BLANDFORD to 23/5/66 Mrs. I. HAMMERSLEY Mrs. G. NEVE to 31/10/66 Miss I. RICHMOND from 19/9/66 Miss T. JOHNSTON from 30/8/66
--	--

* Health Visitors' Certificate
 † Parentcraft Teachers' Certificate

Dental Hygienist

Mrs. J. KROLICK, Certificate of Proficiency in Oral Hygiene.

Dental Surgery Assistants

Miss D. SILVER Senior Surgery Assistant to 31/5/66 Mrs. J. DYSON to 30/9/66 Miss Y. BEARD to 31/5/66 Miss L. DAVEY from 7/2/66	Miss L. HOLDEN from 3/10/66 Mrs. A. WINDHAM (Part-time) from 31/1/66 Mrs. I. ROUTLEDGE from 6/6/66 Mrs. D. MASON (Part-time) from 1/9/66
---	---

Clerical Staff

Miss D. R. SEYMOUR, Senior Clerk Mr. F. WRIGHT, Dental Clerical Assistant Mrs. M. BIRD Mrs. M. POPE to 31/7/66	Mrs. J. COLIN Miss G. JACKSON Miss E. CHESHIRE Miss J. REASON from 1/9/66
---	--

Section A

COMMENTS ON THE SCHOOL HEALTH SERVICE 1966

by Dr. L. B. PETERS, Senior School Medical Officer

The work of Woodside School for Educationally Sub-normal Pupils (E.S.N. pupils) is described elsewhere in this report but I feel that comment on the problem of places in this school may be helpful.

All children are individuals but the problems arising from this factor are always greater in terms of teaching at an E.S.N. school than at an ordinary school. This probably arises from a shrinkage of mental scope in the E.S.N. child as against the child of normal ability. Consequently the amount of individual attention given to E.S.N. children is bound to put greater strain on a teacher in such a school, even with classes of twenty. This arises essentially from the fact that in an E.S.N. School we are constantly bringing the education to the level of the individual child whereas in the normal school the child are expected to come up to an acceptable level.

All this indicates that the figure of twenty per E.S.N. class must be a maximum one. As children do not necessarily come in, as in the normal school, at the age of five but may enter at any age it is obviously better from a point of general benefit to pupils that the figure should be kept under the maximum. This makes organisation more plastic and consequently admission easier at all ages. This is not to say that all children should not be admitted to E.S.N. Schools at age five years. In practice however, such a happy state of affairs never happens.

Applying this general principle to the Woodside E.S.N. School and having in mind the present waiting list and accompanying problem of the children whose parents are unwilling, the importance of finding some extra room for E.S.N. schoolers becomes obvious. Alongside this question is the question of how large an E.S.N. School should be so that the head teacher can have that intimate knowledge of each child and his background. Most authorities do not build schools beyond a population of 200 children and indeed most E.S.N. Schools are well below this figure.

An alternative idea is to attach a special class on to an ordinary school. This may work quite well where a child is a borderline case, but in the case of a true E.S.N. scholar it must be realised that in the kaleidoscope of the child's schooling there must be teachers who are not only qualified to cope with E.S.N. children, but also are coping with them from day to day. Obviously, for instance, the woodwork class in an ordinary school presupposes certain skills in other disciplines involved (e.g. arithmetic) and a certain pace of work which may be difficult in an E.S.N. child. This puts an unreasonable strain on the teacher, whereas in the E.S.N. school such variation in comprehension and achievement is regarded as normal and the teaching is correspondingly easier to apply.

Bedwetting, enuresis as it is sometimes called, is a very distressing problem to children and their parents and all manner of remedies have been developed over the years. The newest method, depending on a child's reaction to an alarm bell has recently been introduced here. So far, the results are excellent but I hope to report more fully later when it has had a longer run.

When children are sent away from home for some special reason or other, it is very important to enable the link with home to remain unbroken. After all, children do eventually return to their homes and if not conditioned to this may find readjustment difficult. Residential Special Schools of all types are very much alerted to this aspect of the child's problems and one notes with approval

that where parents are unable to afford regular visits, financial help can be obtained. This enlightened policy can also have a salutary effect on those parents who use the boarding school as a method of evading parental responsibilities.

Elsewhere in the report will be found a full report on our audiology service. I would draw particular attention to the last paragraph of this report. Obviously increased clerical work will also result from a more comprehensive service and extra help will be required in this field.

Under a separate section mention is made of the good work done by the School Nurses. I would merely pinpoint the remarkable improvement in the infestation rate. This has depended to a great extent on the earnest endeavour which so often goes unsung. Applying as it does the basic public health principle of prevention it is particularly gratifying to see such methods so signally successful. We are a section of the Public Health Department after all, a factor easily lost sight of.

Dr. Mary Price, School Medical Officer, reports as follows:

"The past year has been satisfactory in that parents have taken a greater interest in problems attending to their children's health and behaviour, and kept appointments well. The general health and physical development have been excellent and the standard of general care is good.

At the same time a great many children still seem to dominate the home insisting on having their own way about everything, and the end result must be much to these children's detriment.

The eating of sweets and excess carbohydrates generally leads to a great many children becoming obese. I try to emphasise to the mothers that the correction of this unfortunate condition lies with them rather than with the child."

Section B

THE WORK OF THE SCHOOL HEALTH SERVICE 1966

I. HANDICAPPED PUPILS

I append a table showing the disposition by handicap and educational placement of the pupils ascertained as handicapped pupils under the Education Act 1944, including those who were deemed ineducable under Sec. 57 (4) of the Act.

Ascertainment and placement of handicapped pupils during 1966

<i>Handicap</i>				<i>No. Ascertained</i>		<i>Number placed</i>
Educationally sub-normal	50 day 3 boarding	37—Woodside Day Special School
Maladjusted	16	1—St. Joseph's 1—Philpots Manor 1—Muntham House 4—Tylney Hall 1—Clayesmore 1—Eccles Hall 1—More House 1—Philpots Manor 1—Pitt House
Physically handicapped	—	1—Lord Mayor Treloar
Epileptic	2	1—St. Elizabeth's
Delicate	3	1—Meath House 1—Pilgrims 2—St. Catherines 1—St. Vincents
Partially hearing	2	1—Ovingdean

In addition 7 physically handicapped children were placed at Patcham House and 7 children handicapped in various ways received home tuition during the year. 6 children were found to be unsuitable for education at school by reason of disability of mind.

In the consideration of handicapped pupils I have to thank all the Staff of the School Health Service for their contribution towards the process of ascertainment of handicap and also the determination in children of defects which whilst not severe enough to warrant special educational provision, nevertheless are noted in relation to the child's educational and family background and remedial action taken, if possible.

(i) Children Deemed Educationally Sub-normal

A total of 53 children were ascertained as educationally sub-normal. This represents a rate of 2.6 for 1000 children between the ages of 5-15 years.

37 children so ascertained were admitted to the Woodside Day Special School during the year. I am indebted to Mr. W. C. Almond for the following report of the Woodside Special School of which he is Head teacher:

"As rightly stated in the 1965 report — 'In the ascertainment of handicapped children it is important to look at the child as a whole and also in relation to the family and educational background.'

The family background is a fundamental importance when dealing with the E.S.N. child at Woodside School. To know the parents is one of the aims of the Headmaster and staff. At times I have tried to be a diplomat, doctor,

psychiatrist, psychologist, marriage council adviser, arbiter in parents' quarrels and detective. The parental problems that are brought to school are wide and varied — sometimes serious — sometimes humorous. One father kept his son away from school to attend the Derby — the following is the letter I received on the following day:

'Dear Teacher,

I am awfully sorry about this. But yesterday, I had an opportunity to take my son to the Derby. I thought it would help him educationally, so I take full responsibility for his absence.

Unfortunately it rained hard and I reckon we are lucky not to get pneumonia. Which only goes to show that you are better off at School.

Best Wishes etc. '

On receiving this letter I felt that here was a parent who was co-operating in his own peculiar way.

Many of the children attending Woodside come from poor and sometimes broken homes. It is at school we aim to give them the love and confidence they are so often lacking. This is staff work, and I here pay tribute to my staff for their patience and kindness."

31 children left the school as follows:

School leaving ages...	...	...	...	...	...	21
Moved to another district ...	...	...	...	...	...	3
Unsuitable to receive education at school	...	...	...	...	...	4
Transferred to residential special schools	...	...	...	...	...	3
No. on register at 31st December, 1966 ...	...	...	...	...	...	196

(ii) *Children Deemed Blind and Partially Sighted*

As in all cases of handicap, the early detection of visual defects is of prime importance. In this respect there is the closest collaboration with the School Eye Clinic, the Infant Welfare Service, and the School Health Service. I am indebted to the Consultant Ophthalmic Surgeon, Mr. D. St. Clair Roberts, for his work — he reports that:

"During the year we have been able to welcome Mr. J. L. Nelson, Dispensing Optician, from the Sussex Eye Hospital at the Eye Clinic. He is providing a most useful additional service as he can adjust, supply and repair the full range of National Health Service glasses."

(iii) *Children Deemed Deaf and Partially Deaf*

I am indebted to Dr. E. H. Osborn Smith, (Medical Officer Audiology) for the following report:

"Structural alterations in the Sussex Street School Clinic were started in January 1966 and there is now a self-contained Audiology Department comprising an office and two large rooms for clinical assessment and audiometric tests. Double glazed clear and tinted panels in the intervening wall permitting two-room testing techniques as well as one-way viewing for observation purposes.

An acceptable degree of sound insulation has been achieved by erecting a partition and entrance door across the existing corridor, installing double glazed windows, ensuring that all doors are an accurate fit with a sealing strip on the door stops, and replacing the piped hot water central heating system by "Silent Air" electric heaters which control ventilation as well as temperature. Reverberation has been reduced to a minimum by treatment of walls and ceilings with acoustic tiles or mineral wool felt between battens covered by perforated hardboard panels. All floors are carpeted.

The department is equipped for pure tone and speech audiometry as well as the less formal examination of the infant and toddler who is unable or unwilling to co-operate in the hearing assessment. Decorations and furnishings have been chosen to put parent and child at ease.

These conditions are conducive to the successful and accurate assessment of auditory disorders in children. They also provide an ideal environment for the trial and use of amplifying apparatus such as hearing aids and auditory training units.

SCREENING TESTS

(a) *Babies and pre-school children*

Six more health visitors and six clinic nurses received training in the department for screening the hearing of babies so that all health visitors now include this test as part of their supervision of the health of the young child.

During the year 1,147 babies and toddlers had screening tests and, of the failures, a two year old boy proved to have a severe hearing impairment. Following referral to the Sussex Throat and Ear Hospital, a Medresco Hearing Aid was issued. Mother and child are going to the Ealing Hostel of the Nuffield Hearing and Speech Centre, London for a week's intensive residential training. Also a baby girl who was first examined at the age of two months appears to be profoundly deaf and referral for otologist's opinion is being arranged.

(b) *School Children*

One specially appointed school nurse/audiometrician has continued to spend most of her time at this work. During the year 2,551 children in infant and junior schools had a screening test of hearing and 1,959 (77.1%) passed. 416 (16.1%) had only minor defects but 176 (6.8%) were considered significant failures with a defect in one or both ears necessitating referral to the Audiology Department for more detailed investigation.

To ensure that all school entrants have a hearing test within the first year, it will be necessary to double the numbers screened in the infant and junior schools. On this account arrangements are in hand for in-service training of several more school nurses for part-time participation in this work.

DETAILED HEARING ASSESSMENT

This is a sequel to failure of a screening test or follows special referral from a Medical Officer, General Practitioner or Consultant.

Of 2,005 children so examined, 838 proved to be normal. 1,167 had a hearing defect in one or both ears but this was slight in the majority of cases. Where however the pure tone audiogram showed a minor hearing loss affecting both ears and extending through the speech frequencies, speech audiometry often revealed a significant impairment of ability to discriminate words and sentences even in the excellent acoustic conditions of the Audiology Department. It may therefore be inferred that, in the unfavourable acoustic conditions prevailing in most classrooms, a so-called minor hearing loss could be a significant handicap for the child. This applies particularly to the learning situation where the pupil is daily presented with new and unfamiliar words and concepts.

During the year 40 children were referred to the Sussex Throat and Ear Hospital. Six of them had defects (unilateral in the majority) not amenable to treatment and in the remainder one or more of the following procedures were adopted:

- 16 — had minor surgery,
- 12 — tonsillectomy and/or adenoidectomy,
- 1 — medical treatment prescribed,
- 9 — issued with a Medresco hearing aid.

The type of hearing defect was conductive in 22, perceptive in 14 and mixed i.e. perceptive and conductive in 4. Ages ranged from two to fourteen years.

As far as possible, all children with a significant hearing loss are kept under regular surveillance by the Audiology Department. A conductive defect may, resolve spontaneously or respond to medical or surgical treatment. However it sometimes persists or fluctuates greatly over a period of months or years. A perceptive hearing loss is permanent and irremediable. There is thus a steadily increasing list of children with persistent hearing defects for periodic review.

AIDS TO HEARING

It is exceptional for anyone to be completely deaf, and the aim of auditory training is to ensure that the most is made of residual hearing. A hearing aid acts as an amplifier and therefore is often of assistance. However, even the best instrument introduces disadvantages including distortion of sound patterns. The deaf child, when first introduced to a hearing aid requires careful, sympathetic and prolonged training if the experiment is to prove a real success. It is also essential for the parents to be closely involved and at a later stage the class teacher needs guidance on the use and limitations of an aid if the child attends an ordinary school.

64 children are known to have hearing aids in Brighton including 9 who received a Medresco instrument this year. Two commercial hearing aids were purchased by the Authority for loan to children where the National Health aid was not considered entirely suitable. In addition, 8 auditory training units were purchased for use in the home. Preliminary guidance was given to parents at the Audiology Department but, with the current shortage of teachers of the deaf, there are no facilities for regular peripatetic supervision.

R.N.I.D. CONFERENCE, 1966

The Royal National Institute for the Deaf which is the national body dealing with all aspects of deafness, held a conference this year at the Dome, Brighton on the 19th, 20th and 21st October. An opening address was delivered by the Dowager Marchioness of Reading, G.B.E., and a civic reception and ball was given by His Worship the Mayor at the Royal Pavilion.

Speakers from home and abroad covered a wide range of subjects including services for the deaf and hard of hearing in Denmark, the training of welfare workers, the changing pattern of education, language and personal development of deaf children and psychiatric services. Over 350 delegates attended from all parts of the country including representatives from Brighton.

CONCLUSION

The department works in co-operation with local special schools for the deaf and partially deaf, the partially hearing unit at Bevendean School and consultants at the Royal Alexandra Hospital for Sick Children and the Sussex Throat and Ear Hospital.

All aspects of the work continue to expand including early detection, full assessment, referrals for medical or surgical treatment, as well as surveillance of those with known persistent hearing defects. There is an increasing need for the services of a qualified audiometrician to supervise electrical equipment, to assist in diagnostic procedures and to perform routine audiometry."

I am further indebted to Mr. T. G. Ruggles, Teacher-in-Charge, Bevendean Partial Hearing Unit, for the following report on the year's work:

"The Partially Hearing Unit at Bevendean School is concerned with educational provision for hearing-impaired children of infant and junior school age. The purpose of the Unit is to afford specialised teaching and facilities for such children to equip them with the necessary communication skills essential for their eventual integration into classes of normally-hearing children.

The Unit is an acoustically-treated classroom, fully equipped with the specialised apparatus necessary to this field of teaching. This equipment consists of a high-powered, high fidelity group hearing aid; a loop induction system; speech training apparatus and tape recording facilities.

Infants are integrated into a normal class and attend the Unit for part of each morning and afternoon. Junior children attend the Unit and are integrated in normal classes daily, the duration and frequency of these periods of integration being extended with the child's increasing ability to communicate. Consequently, full integration is a gradual process.

The present number of children attending the Unit is ten — five infants, and five juniors. The ages of these children range from 4-12 years. Additionally, one 11 year old child attends the Unit two mornings weekly. The majority of these children have been drawn from schools throughout the Borough.

Full-time education of partially hearing children has been only one facet of the work of the Unit's staff. It is imperative that parent-guidance and pre-school auditory training commence from the time of diagnosis of the handicap. With this in view, parents attend the Unit for guidance on matters such as the correct use of hearing aids, the understanding of the handicap, means of encouraging communication skills, etc. Many children have been issued with speech training equipment on loan for home use under the supervision of a teacher of the deaf. Such supervision and the task of educational guidance of hearing-impaired children in normal schools demand peripatetic service from the teacher of the deaf.

The varied aspects of educational guidance in this field are dependent upon adequate availability of staff. Since the staffing of the Unit has been raised during the past year from one full-time teacher to the equivalent of two by the employment of two part-time teachers, it has been possible to increase the amount of peripatetic duties. In addition, it has been agreed to second another teacher for a one-year course of specialist training in this field.

It is clear that the incidence of school children in Brighton with a degree of deafness requiring the specialised help of a teacher of the deaf necessitates considerable extension of time spent in peripatetic teaching and surveillance and staffing requirements are being kept under review."

(iv) *Children Deemed Delicate*

3 children were ascertained as delicate and were administratively dealt with accordingly. Placement was found for 5 such children, during the year.

(v) *Children Deemed Maladjusted*

16 children were represented as maladjusted during 1966; placement was found for 10 such ascertained children during this period. I append a table showing the number of children ascertained as maladjusted over the 10 year period 1957-1966:

Year	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Total no. Children Ascertained as Handicapped Pupils	46	52	60	61	50	71	62	55	45	76
No. Children Ascertained as Maladjusted Pupils	5	3	9	8	7	7	9	7	5	16
Maladjusted Pupils as percentage of Total	% 9.1	% 5.8	% 15.0	% 13.1	% 14.0	% 9.8	% 14.5	% 12.7	% 11.1	% 21.1

Dr. M. D. A. HELLER, Consultant Psychiatrist reports on the work of the Child Guidance Clinic:

"During the year Mrs. J. Allan gave assistance in the Clinic as part-time Educational Psychologist. There were otherwise no changes in professional staff. There remain vacancies for one Psychiatric Social Worker and one Educational Psychologist.

Satisfactory alternative accommodation was eventually found and premises at No. 1 and No. 2 Edward Street, now named Edward House, were converted for the use of the Child Guidance Clinic and School Psychological Service.

The pressure on the Clinic remained high and the number of children on the waiting list rose from 39 to 78. This has meant that children now being referred would have to anticipate a wait of anything up to nine months before they could be seen for diagnostic appointment unless it were possible to give their cases priority. In this context special difficulties arose in relation to children referred for psychiatric reports whilst on remand from the Juvenile Court since such cases need to be seen quickly and the balancing of legal/administrative needs against medical ones creates problems which are difficult to resolve. Continual pressure on the Regional Hospital Board has resulted in an agreement to provide in the coming year two additional consultant sessions in the Clinic and this should ease the situation, although the total amount of psychiatric time falls far short of what is required.

The general way in which the Clinic has run has not altered to any marked extent but the increasing number of cases taken on for supervision and treatment has meant that additional time has needed to be set aside for this purpose and this has meant a reduction of time available for diagnostic purposes. Close co-operation with the Childrens Department, general practitioners, Health Department, Probation Service, schools and the School Health Service has continued."

Child Guidance Treatment (1/1/66 - 31/12/66):

<i>Number of cases referred...</i>	...	...	...	...	137
<i>Sources of Referrals:</i>					
Senior School Medical Officer	...	...	...	...	44
General Practitioners	...	...	...	...	34
Educational Psychologists	...	...	...	...	22
Parents	...	...	...	...	10
Childrens Officer (incl. Juvenile Court)	...	...	...	...	8
Education Department	...	...	...	...	6
Health Department	...	...	...	...	4
Schools	...	...	...	...	3
Other C.G. Clinics	...	...	...	...	3
Probation Officer	...	...	...	...	2
Mothercraft Centre	...	...	...	...	1
<i>Breakdown of cases:</i>					
New cases...	...	...	...	...	135
Re-referrals	...	...	...	...	2
<i>Number of children seen by psychiatrist</i>					139
New cases...	...	...	...	...	65
Follow up cases	...	...	...	...	74
<i>Number of cases closed</i>	...	...	...	...	45
<i>Total number of attendances</i>					1,021
Consultant Psychiatrist	...	...	...	...	396
Psychiatric Social Worker	...	...	...	...	625

(vi) Other Categories of Handicap

Apart from the above, certain other children were found to be suffering from defects sufficiently serious in degree to warrant special education. These were divided as follows:

(a) Epileptic	...	...	...	...	2
(b) Physically handicapped	...	...	...	...	0
(c) Delicate	...	...	...	...	3

Arrangements were made both within and without the Corporation for the educational placement of these children.

I am grateful for the following report from Dr. A. Cowan, Assistant M.O. Health Department, on the year's activities at Patcham House Special Class:

"Patcham House Special Class for Physically Handicapped children completed their first year in their new premises which was formerly the Old Village School at Patcham.

This move has greatly improved their facilities from every point of view, and the children are now able to have their physiotherapy treatment on the premises and two physiotherapists attend each morning and a speech therapist also attends regularly. However, great benefit would be obtained from the addition of a medical room so that physiotherapy and speech therapy could be carried out without interference to class work. There is more scope for practical work and the children carry out pottery making and basket weaving. 'Dick Whittington' was produced by Mrs. Newing as the school play at Christmas and all the children took part.

There have been five new arrivals during the year and one boy left to work with his father. This brings the number in the class to 27. The classification of their disabilities is as follows: "

<i>Defects of Cardio-vascular System:</i>					
Congenital Heart Disease	...	...	...	...	2
Rheumatic Heart Disease	...	...	...	...	1
<i>Defects of Central Nervous System:</i>					
Cerebral Palsy	...	...	...	...	7
Spina Bifida	...	...	...	...	1
<i>Defects of the Skeletal System:</i>					
Bone Diseases	...	...	...	...	2
Muscular Dystrophy	...	...	...	...	10
Congenital Dislocation of Hips	...	...	...	...	1
Hemiplegia	...	...	...	...	2
Hypothyroidism	...	...	...	...	1
TOTAL					27

(vii) *Handicapped Young Persons — The Youth Employment Bureau*

I am indebted to Mr. R. G. Gould, Youth Employment Officer, for the following Report on the activities of the bureau during 1966:

"During the year the Youth Employment Officer retired and the Principal Assistant Youth Employment Officer resigned to take up another appointment. With two new appointments to these posts, the opportunity was taken to introduce some reorganization and to further develop the service which is offered to Special Schools and handicapped school leavers. Mrs. A. V. Hatcher, the Principal Assistant Youth Employment Officer, has been given general responsibility for dealing with the employment and training problems of handicapped young people.

38 handicapped boys and 34 handicapped girls who were due to leave school were interviewed in special and other schools. At Woodside School, the Case Conference procedure has been continued. However, at the Schools for the Deaf and the Partially Deaf where there is a large proportion of residential pupils, new procedures have been introduced since September, 1966. All pupils are interviewed during the Autumn Term of the final year. All relevant papers are then sent to their Home Youth Employment Officer who interviews the

pupil during the Christmas holidays to discuss local opportunities for training and employment. There is then a follow-up in Brighton during the Spring Term. In this way sufficient advance notice is given to ensure that these school leavers should be placed in suitable employment or training with as little delay as possible.

The following table shows the main disability of the 72 pupils who have been interviewed. The figures in brackets indicate pupils who reside outside Brighton and would therefore register with their Home Youth Employment Officer.

<i>Disability</i>					<i>Boys</i>	<i>Girls</i>
E.S.N.	...	...	...	...	12	12 (1)
Deaf	...	...	...	...	8 (7)	6 (5)
Partially Deaf	...	...	...	...	13 (13)	7 (5)
Asthma	...	...	...	...	2	1
Delicate	...	...	...	...	2	—
Physically Handicapped	...	...	...	...	—	4
Bronchiectic...	...	...	...	...	—	1
Partially Sighted	...	...	...	...	1	1
Epileptic	...	...	...	...	—	2
					<hr/> 38 (20)	<hr/> 34 (11)

Many of these young people need further training before entering employment and about 25% are still receiving full-time instruction. The initial placing was as follows:

	<i>Boys</i>	<i>Girls</i>
Placed in first employment	21	16
Found first employment	5	5
Further education or training	9	9
Transferred to Home Youth Employment Bureau—no information available	3	4
	<hr/> 38	<hr/> 34

Of the pupils resident in Brighton two Educationally sub-normal boys and two Educationally sub-normal girls, 1 Deaf boy and 1 Deaf girl and 2 Physically handicapped girls were recommended for further education or training.

Follow Up in Employment

An analysis of the follow-up of these pupils who entered employment shows a relatively satisfactory situation.

				<i>No. Reg. D.P. Act</i>		<i>One</i>		<i>No. of Jobs Two - Four</i>		<i>Five</i>	
				<i>B</i>	<i>G</i>	<i>B</i>	<i>G</i>	<i>B</i>	<i>G</i>	<i>B</i>	<i>G</i>
E.S.N.	...	...	...	10	10	—	—	4	3	3	—
Partially Hearing	...	...	...	—	1	—	—	—	—	—	—
Asthma	...	...	...	2	1	—	—	—	—	—	—
Delicate	...	...	...	1	1	—	—	—	—	—	—
Physically Handicapped	...	...	...	—	2	—	—	—	—	—	—
Bronchiectic...	...	...	...	—	1	—	—	—	—	—	—
Partially Sighted	...	...	...	1	1	—	1	1	—	—	—
Epileptic	...	...	...	—	2	—	1	—	—	—	—
				<hr/> 14	<hr/> 19	<hr/> —	<hr/> 2	<hr/> 7	<hr/> 12	<hr/> 4	<hr/> 7
										<hr/> 3	<hr/> —

Current employment difficulties have again emphasised the problem of finding suitable work for the mentally handicapped. The three boys who have more than five jobs, interview quite well and are capable of holding down simple jobs, but find difficulty in accepting employment discipline. Four of the girls who have had four jobs are undergoing further instruction at the Industrial Training Centre."

Disabled Persons Register

During the year under review applications for registration have been accepted for four boys and four girls. At 31st December there were five boys and six girls registered as Disabled Persons, all of whom were either in employment or attending training courses.

One boy who was a patient at St. Francis Hospital, Haywards Heath, attended a course at an Industrial Rehabilitation Unit and is waiting for a vacancy at St. Loyes College, Exeter for training in electrical assembly. Another boy who is a mentally retarded spastic is undergoing training in gardening at St. Loyes College. A third boy, an epileptic who has experienced difficulty in finding suitable employment, is now training for gardening at Queen Elizabeth College for the Disabled, Leatherhead."

II. HEALTH EDUCATION IN SCHOOLS

In selected Schools forty minute talks on 'Personal Relationship', followed by a course in 'Child Care' continued throughout the School year, senior girls participating with their parents' written consent.

In the schools, visited for the fourth year in succession, none of the parents has refused permission for a child's inclusion in the class talks. The syllabus is now an accepted part of the School curriculum so keeping this aspect of 'Health Education' in the right context.

Taking classes weekly, throughout the year, is time consuming and limits the extension of similar programmes to other schools. The value of this programme as against a short course of lectures is that it gives time to build up the confidence of diffident girls and those less mature, so enabling them to discuss their own particular problems privately or in group discussion.

Senior girls, attending special courses at 'Varndean Holt' have welcomed talks on various topics, i.e. 'Social Services' available for the community. Other lectures, and courses, have been given to assist in the Service Training for girls and boys wishing to qualify for their Silver and Gold Awards under the Duke of Edinburgh Award Scheme.

Forty-minute teaching periods in schools continued as follows:

	<i>Miss Webber</i>	<i>Miss Roberts</i>	<i>Miss Leach</i>
Health Education (Human relationships)	77	—	—
Child Care	319	65	4
Child Care Examinations	4	9	—
Home Nursing Lectures	2	—	—
First Aid Lectures	8	—	—
First Aid Examinations	4	—	—

III. THE SCHOOL DENTAL SERVICE

Mr. W. H. Garland, the Principal School Dental Officer reports as follows for the year's activities of his Department:

Staffing

The professional staff has remained constant throughout the year and consists of the principal school dental officer, three whole-time dental officers and a part-time dental officer. We are also fortunate in having the assistance of a consultant anaesthetist (one session per week), and a consultant orthodontist (one session per month).

Dental surgery assistance has provided its usual problems during the year. Three dental surgery assistants resigned during the year and were replaced by

two whole-time and two part-time dental nurses. The employment of part-time nurses was forced upon us by the inability to recruit satisfactory full-time nurses and so far they have proved very satisfactory.

Miss Silver, senior dental nurse, retired in June after forty-four years (apart from war service) employment with the Authority. Her knowledge, experience and wisdom in dealing with the problems of the Dental Department will be missed by all. We wish her a long and happy retirement. For some years Miss Silver's duties had been mainly office and clerical work, she has therefore been replaced by a full-time clerical officer.

Equipment

Our phased replacement programme of obsolete equipment has continued during the year and one surgery has now been completely re-equipped and the three other surgeries at Sussex Street have been partly re-equipped. Electrical and plumbing alterations and new flooring in three surgeries and the recovery room have also been carried out during the year. We are particularly proud of the newly equipped surgery in which we have tried to incorporate as much modern thought on surgery design and equipment as possible. Dentists, patients and parents alike have all expressed their admiration.

The School Dental Service

I am happy to report that there has been a small drop (2%) from 62% to 60% in the number of children requiring dental treatment when examined by the School Dental Officers at dental inspections during the year. Amongst children whose parents consent to treatment by the School Dental Service, which means they are recalled for re-inspection every 4-6 months, there was a significant drop of 6%, i.e. 55%-49% in the number requiring treatment on re-inspection. The number of fillings in permanent teeth was less than last year, although the fillings in temporary teeth remained the same. Courses of treatment completed increased over last year. All the points mentioned above point toward slight improvement in the dental condition of the children of Brighton and I believe that our efforts in Dental Health Education and regular inspection, combined with regular treatment by the School Dental Service and the General Dental Service will show increasing effect in the future.

Over 2,000 schoolchildren were dentally examined at least twice during the year under our recall system for children whose parents consented to treatment by the School Dental Service. As mentioned previously over half these children were found to be still dentally fit. It is very satisfying for patient, parent and Dental Officer for a child to be found dentally fit on recall and I am convinced that it is an enormous encouragement to the patients to pay attention to their dental health.

As reported last year, Mr. Shenton, Consultant Orthodontist, attends Sussex Street to advise on patients requiring orthodontic treatment. In 15 sessions which he attended in 1966, he advised on 130 patients. We started the year with a waiting list including children who had been waiting eighteen months for an orthodontic opinion from the Consultant Orthodontist at the Royal Alexandra Hospital for Sick Children. At the present time, children requiring an orthodontic opinion are seen within three months and urgent cases are seen under a month. All the orthodontic cases undertaken by the Dental Department in the last year have been treated by School Dental Officers acting upon Mr. Shenton's advice. Cases which are considered outside the scope of the Dental Department are referred to the Children's Hospital. Mention must be made of the Dental Department's thanks to Mr. Shenton for his skilful advice, the large number of cases he sees during his sessions with us and lastly his patient overseeing of the orthodontic work done by the Dental Officers. Apart

from orthodontic statistics given at the end of this report, orthodontic treatment has involved the extraction of 155 permanent teeth, 91 temporary teeth, 59 patients x-rayed and 599 visits by patients for treatment.

Dental Health Education

During the year 47 schools, infant, junior and secondary have been visited by the Dental Hygienist and 10,000 children have been instructed in oral hygiene by means of lectures, demonstrations and films. Much of the instructional material has been produced by Mrs. Krolick including a picture story for infant schools and a talk on teeth of animals for junior schools.

School tuckshops selling sweets or confectionery continue to cause the Dental Department much concern and although I am happy to report some schools have ceased selling these items, many are still doing so. Every effort is being made to persuade Head Teachers to allow only fruit and savoury items to be sold.

The Dental Department would like to thank all Head Teachers and their staff for their active co-operation with school dental inspections and our Dental Health Education programme.

Attendances and Treatment

	<i>Ages 5 to 9</i>		<i>Ages 10 to 14</i>		<i>Ages 15 and over</i>		<i>Total</i>
First Visit	1	1,727	12	1,316	23	241	3,284
Subsequent Visits	2	3,126	13	2,597	24	326	6,049
Total visits	4,853		3,913		567		9,333
Additional courses of treatment commenced	3	308	14	352	25	28	688
Fillings in permanent teeth...	4	1,563	15	2,532	26	420	4,515
Fillings in deciduous teeth ...	5	2,461	16	326	—	—	2,787
Permanent teeth filled ...	6	1,291	17	2,308	27	388	3,987
Deciduous teeth filled ...	7	2,346	18	315	—	—	2,661
Permanent teeth extracted ...	8	68	19	256	28	33	357
Deciduous teeth extracted ...	9	1,028	20	455	—	—	1,483
General anaesthetics... ..	10	361	21	133	29	11	505
Emergencies	11	229	22	107	30	8	344

Number of Pupils X-rayed ...	31	76
Prophylaxis	32	191
Teeth otherwise conserved ...	33	458
Number of teeth root filled ...	34	11
Inlays	35	—
Crowns	36	1
Courses of treatment completed	37	3,341

Orthodontics

Cases remaining from previous year ...	3	
New cases commenced during year ...	38	64
Cases completed during year ...	39	12
Cases discontinued during year ...	40	2
No. of removable appliances fitted ...	41	73
No. of fixed appliances fitted ...	42	—
Pupils referred to Hospital Consultant ...	43	4

Prosthetics

	<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 and over</i>	<i>Total</i>
Pupils supplied with F.U. or F.L. (first time) ...	44 —	47 —	50 —	—
Pupils supplied with other dentures (first time) ...	45 —	48 6	51 2	8
Number of dentures supplied	46 —	49 9	52 3	12

Anaesthetics

General Anaesthetics administered by Dental Officers ...	53	1
--	----	---

Inspections

(a) First inspection at school, number of Pupils ...	A	15,287
(b) First inspection at clinic, number of Pupils ...	B	1,900
Number of (a) + (b) found to require treatment ...	C	10,331
Number of (a) + (b) offered treatment ...	D	9,489
(c) Pupils re-inspected at school or clinic ...	E	2,591
Number of (c) found to require treatment ...	F	1,268

Sessions

Sessions devoted to treatment ...	X	1,364.5
Sessions devoted to inspection ...	Y	107
Sessions devoted to Dental Health Education ...	Z	110

IV THE SCHOOL NURSING SERVICE

Miss A. Webber, Superintendent School Nurse, reports on the School Nursing Service in 1966:

The number of individual cases of head infestations decreased considerably during the year, the degree of infestations being slight in the majority of cases. Children of the problem families are still the main offenders.

Frequent inspections plus preventive treatment, given with parents' consent, has been the main factor in bringing about this improvement.

				<i>Sussex Street Clinic</i>	<i>Moulsecoomb Clinic</i>	<i>Whitehawk Clinic</i>	<i>Woodside School</i>
Number cleansed	...	...	...	47	162	30	13
Re-inspections and Preventive Treatment	...	...	...	3	220	413	14
Pre-school children	...	...	...	2	11	—	—
Mothers	...	...	...	2	3	—	—

Parents of enuretic children have been very grateful for the loan of the bell alarm apparatus, where medically recommended. The School Nurse instructs parents and children in the use of this aid and of the keeping of accurate progress reports.

We hope to carry out a survey on the success of this help when sufficient results are available.

V SPEECH THERAPY

Miss S. A. Barnard, Senior Speech Therapist, reports as follows on the work of her Department for 1966:

"There has been no alteration in staff or work this year. The slight drop in the number of children referred for treatment and the rise in those discharged will provide the extra time needed for those physically and mentally handicapped children, already in our care, who will probably require speech therapy during the whole of their school lives. Unfortunately there has been little time this year for visiting schools and discussing speech problems with teachers. It is hoped that time could be found for this again in future.

As seen from the list of types of case seen during the year, the most common speech defect in school children is dyslalia. This is primarily a defect of articulation, in which a child is unable to produce one or several speech sounds consistently in single words and connected speech. This heading also includes (in this report) those children suffering from retarded language development, as well as the technical difficulties of articulation.

As early diagnosis becomes increasingly important in current trends, more of these children will probably be attending the speech clinic. Because the norms of speech development are variable and dependent upon so many factors (e.g. intelligence, hearing, heredity, environment, general health, personality etc.) it is not always possible to predict at a very early stage, whether a child will develop normal speech. In many cases they do and it is only necessary for us to examine the child and advise the parents, for some of these children are too young to benefit from formal speech therapy. If there is any doubt about the child's likely progress he is seen at regular intervals and is admitted where treatment would be beneficial.

Dyslalia also covers the term sigmatism, which means lisping or specific difficulty with 's' and associated sibilants. This is given a separate heading because it is a very common speech problem and presents its own particular difficulties. Sigmatism is so common in school children because the 'S' sound is one of the last to be acquired during the development of speech and needs a

great deal of fine muscular control and co-ordination. It also depends on correct placement of teeth, jaw, tongue etc. and if there is any physical abnormality in these, it is difficult for the child to adapt to and overcome such problems without help.

Although the number of stammerers is not large compared with the other groups these children are likely to stay longer in our care. Stammering is a persistent, long standing speech disorder which often takes many years to alleviate. It is inclined to become acute at certain periods in a child's life when he is under stress, and then it may improve for months or even years at a time. Thus many of these children attend regularly for periods of their school life but may often during times of remission, be seen at six-monthly or yearly intervals. It is important that parents and teachers should understand how to handle this difficulty at home and school. Part of the therapist's work is to make sure that they know how to do this.

Cleft palate and nasal speech — there are few with this difficulty now due to the great improvement in surgical techniques. Cleft palates are repaired before the inception of speech and in many cases therapy is not necessary, as speech is acquired in the normal way.

Other defects include such disorders as alalia (inability to speak at all) and dysaotuna, a disorder of neurological origin causing muscular inco-ordination as in those suffering from cerebral palsy. Also there are some disorders, not easily categorised, which may be a mixture of any of those mentioned in this report."

					1966	1965
Number of children seen	...	...	...	...	565	546
Number of new patients	...	...	...	...	175	211
Total number of attendances	...	...	...	...	5,992	5,936
Number on waiting list	...	...	...	...	37	38
Number discharged	...	...	...	...	193	151
Discharged cured	...	...	...	...	129	110
Own discharge (ceased attending or treatment refused)	...	...	...	...	26	16
Left district or school	...	...	...	...	35	24
Transferred to another department	...	...	...	...	3	1
<i>Types of cases seen during the year:</i>						
Dyslalia	...	...	...	...	285	259
Sigmatism	...	...	...	...	156	159
Stammer	...	...	...	...	78	78
Cleft palate, nasal speech	...	...	...	...	12	16
Other defects	...	...	...	...	34	34
<i>Weekly branch clinics:</i>						
Balfour C.P. School	...	...	...	...	34 sessions	
Bevendean C.P. School	...	...	...	...	27 sessions	
Carden C.P. School	...	...	...	...	74 sessions	
Moulsecomb C.P. School	...	...	...	...	68 sessions	
Whitehawk C.P. School	...	...	...	...	71 sessions	
Woodingdean C.P. School	...	...	...	...	66 sessions	
Woodside E.S.N. School	...	...	...	...	198 sessions	
Patcham Special Class	...	...	...	...	106 x $\frac{1}{2}$ -sessions	
Downsview Training Centre	...	...	...	...	5 sessions	

VI THE WORK OF THE ORTHOPAEDIC DEPARTMENT

Mr. J. A. Cholmeley, Consultant Orthopaedic Surgeon reports on the work of the Orthopaedic Department:

The work of the Clinic has altered over the last year. Due to the expansion of the treatment required by the spastic children at Patcham House it has been found necessary to have daily morning sessions; on most days of the week both physiotherapists on the staff are in attendance. The treatment space allocated to the Physiotherapists and the necessary apparatus is in a classroom, which

as well as being used by the Infants' Section is also used as the dining room. It would be most helpful from the point of view of treatment and less distraction to the patients and teaching staff if additional facilities could be provided.

The routine work of the Clinic has continued as in previous years, and the ultra violet light sessions during the winter months have proved beneficial to the children who were prescribed this treatment.

The weekly swimming sessions at St. Lukes Baths have been well attended and several of the handicapped children have been taught to swim and are now able to cope by themselves with the minimum of help.

During June and July the senior physiotherapist attended a course on the treatment and management of cerebral palsy at the Spastic Children's Centre, Cheyne Walk, Chelsea. This concentrated and instructive course is attended by therapists (speech therapists, occupational therapists and physical therapists) from all over the world and the exchange of knowledge and ideas proved a unique and stimulating extension of basic treatments. The assistant physiotherapist will attend the same course in January and February 1967.

The ante-natal classes have continued throughout the year and have been well attended. These classes are organised by the Orthopaedic Clinic physiotherapist for the Maternity Services.

VII THE SCHOOL MEALS SERVICE

The number of children receiving mid-day dinners and milk at maintained schools on selected days were as under:

<i>Date</i>	<i>No. of dinners</i>	<i>1/3 pints milk</i>	<i>No. of children at school</i>	<i>% of children having dinners</i>
September, 1965 ...	12,807	16,884	19,933	64.3
September, 1966 ...	13,212	16,552	20,042	65.92

The number of children receiving milk at non-maintained schools in September, 1966 was 2,844 (3,531 children in school) compared with 3,266 and 4,135 respectively in October, 1965.

The total number of school meals served during 1965/66 was 2,579,538 compared with 2,498,311 during 1964/65.

In December, 1966 meals were cooked at 34 Brighton Schools and one Central Kitchen.

VIII ROAD SAFETY — 1966

I am indebted to the Road Safety Organiser, Mr. A. D. Ward, for the following Report:

"It has been said that "Accidents are a man-made epidemic of the Machine Age", and that the cost, whether measured in human or economic terms, must be a matter of the gravest concern to us all. Unfortunately to many people accidents do not give cause for even serious thought. This is because perhaps they or their families have not experienced the pain and suffering which accompanies a serious collision, nor encountered the difficulty and inconvenience of even a minor accident.

In Brighton at the end of 1966, we saw that the accident figures were the lowest for three years. Although encouraging, there can be little grounds for complacency, for the reason for the reduction is just as obscure as the likelihood of a rise next year. We can but hope that all our efforts towards safer roads are producing some effect, although one has only to watch the behaviour of some drivers to have grave doubts about such a theory.

I have always believed that the most positive contribution Road Safety Organisations can make to the problem is by constant and persistent instruction. This is particularly important for children as they will become the vehicle drivers of future years. What is equally important is that they are given the right kind of training and it must be understood we are not seeking to eliminate courage or the spirit of adventure, but rashness and thoughtlessness of every kind. Life would be dull indeed without an element of danger or risk in some form. Every sport has its hazards whether it be football, cricket, sailing, motor racing, athletics or any similar robust recreation. Yet there are rules which, when properly observed, reduce the dangers to a minimum.

So it is with road behaviour. When the rules of the Highway Code are obeyed there is little danger to anyone and the pleasures of driving can be enjoyed to the full.

The statistical summary of road accidents in Great Britain for the first part of this year is far from encouraging and indicates a rise in casualties of over 2 per cent. It may be fairly estimated therefore, even at this early stage, that in 1967, well over 8,000 road users will be killed, more than 100,000 will be seriously hurt and that casualties will total about 400,000.

The final thought is, as always, "What can we do to halt this awful waste of life?". One thing is certain, a few dedicated people's efforts will make very little impression on the problem. It will require the co-operation of every single road user to really bring about an improvement. R.O.S.P.A. no doubt had this in mind when they produced their recent slogan 'Road Safety Depends on You' and so I leave a question with you now, "Are *YOU* willing to help by making sure that no act or omission of yours causes an accident?"."

ROAD ACCIDENTS TO SCHOOLCHILDREN

I append a table of road accidents involving Brighton schoolchildren in 1966 which the Chief Constable has kindly made available.

Under 15 years	Killed	Seriously Injured	Slightly Injured	Total
January	—	—	10	10
February	—	—	6	6
March	—	6	9	15
April	1	6	9	16
May	1	3	16	20
June	—	7	7	14
July	—	11	16	27
August	—	3	18	21
September	—	7	13	20
October	—	6	13	19
November	—	2	3	5
December	—	2	4	6
TOTAL	2	53	124	179

IX THE STUDENT HEALTH SERVICE

The work of the School Health Service has close professional links with the Maternity and Child Welfare Service. It is therefore logical to expect the work of the School Health Service to yield a comprehensive analysis of a child's health and well-being in relation to his education. This concept is extended into a child's further educational processes as a Student Health Service. Thus an integrated pattern of medical supervision is being developed in relation to the educational progress of the child.

I must express my thanks to the Director of Education for making available the reports of the medical officers to the Education Departments and Colleges and in turn thank these doctors for their very valuable contribution.

(a) *College of Education*

Dr. L. J. Beynon, Medical Officer to the College reports as follows:

In the Sick Bay in Brighton, three sick parades are held per week in the mornings. In the Reception Centre at Falmer there are three sessions held per week, when students are seen by appointment, in sessions of two and a half hours each. These arrangements are working very well.

Lectures on Life Saving, First Aid and Resuscitation are given to First Year Students and separate lectures on "Alcoholism — The Lonely Disease" and "Drug Addiction" have been arranged by nationally known experts on these subjects.

Excellent liaison has been established with a consultant psychiatrist on the staff of the Lady Chichester Hospital, whereby urgent psychiatric problems are seen immediately, under the Domiciliary Consultative Service and the follow-up treatment is carried on at the Reception Centre, Falmer, by the psychiatrist concerned.

The general health and psychological integrity of the Students remains quite excellent.

(b) *Technical College*

Dr. S. Hacking, Medical Officer to the College reports as follows:

In October 1965, I commenced duty as Medical Officer at Brighton Technical College, and since that time there has been a steady increase in the number of students seeking help as the Service became known. Since that time, about two hundred students have been seen, many on more than one occasion, and emergency help and advice has also been given to a small number of members of the College staff. In most cases, after a preliminary interview, students have been given a letter for their own General Practitioner. All the complaints can be divided broadly into the following categories:

1. Bodily ailments
2. Mental stress
3. Social troubles
4. First Aid

Of the medical consultations provided, 57% have been for male students. Mental stress was present in only 7% of the patients.

Many of the students' problems have been part social and part medical. This has required close-co-operation with the Welfare Tutor, who has been most helpful, and also with members of staff concerned for the welfare of their students.

I feel that the Medical Service has now become an integral part of College life, accepted by both staff and students. The scheme started well, has grown quickly, and I am happy in my own mind that a valuable Service is being provided for an excellent type of student.

(c) *College of Technology*

Dr. H. Savery, Medical Officer to the College reports as follows:

This service was introduced on 25th October, 1965 and, as the student corpus has gradually become aware of its existence, so the consultation rate has increased.

Since September 1966 a record of all attendances, together with the diagnosis, has been kept in an 'E' Book supplied by the College of General Practitioners, using their classification of morbidity.

During the Autumn term, 188 consultations (involving 117 students) were held and, of these 19 (10% of attendances) were concerned with psychosomatic disorders. In the main these were of a minor nature and only two students, one of whom had strong suicidal impulses, were referred to a consultant psychiatrist. In the summer term another student was referred for psychiatric treatment following suicidal gestures and one student committed suicide, but he was not known to the student health service.

Radiological investigations have revealed a high incidence of duodenal ulceration amongst the students — six cases have been proven. The Student Health Service at Sussex University has not found a similar incidence of duodenal ulceration. The reasons for this difference remain obscure, but it is a well-recognised psychosomatic disease.

Special arrangements for psychiatric and dental referrals have been made along the lines suggested in The Royal College of Physicians report on Student Health Services.

(d) *Brighton College of Art*

Dr. P. W. Franks, Medical Officer to the College reports:

Careful planning by the Principal and Staff of the College of Art ensured that the service began well.

The number of cases handled by the Clinic increased rapidly week by week. The number of sessions has been increased from one to two. In numerical terms about 50% of the consultations are psychiatric, but these occupy about 85% of the available time.

One student was referred for further psychiatric investigations and treatment. Three students were placed under continuous psychotherapy by the Medical Officer, and a large number of minor nervous disorders were dealt with by intensive treatment over two to three weeks.

Of immense value has been the close co-operation between the Principal, Staff and the Medical Officer. The existence of a Tutorial system has often enabled us to get to grips with problems early in their development.

A Committee has been set up to combine the academic and medical views on the problems. It is working extremely well. When a student is in severe difficulties, the Staff concerned and the Medical Officer are brought together under the Chairmanship of the Principal, and all aspects of the case are investigated.

A long term research project has been set up to investigate problems peculiar to Colleges of Art.

The students have accepted the service enthusiastically, and this fact combined with the tremendous interest and help of the Principal and Staff, has enabled us to make great strides in providing a comprehensive service for the College.

As usual the limiting factor in much of the planning is time available. It would appear that eventually there will have to be a re-assessment of the nature of such a service.

The arrangements made for the administration of the service have been most satisfactory in respect of equipment, accommodation and secretarial help.

There were 210 consultations, involving 91 members of students and staff.

There was one full meeting of the Progress Committee, and there were 10 meetings between myself and the Principal or Heads of Departments, all concerning student problems.

Section C

STATISTICS

I — SCHOOL POPULATION

The population of Brighton at mid-1966 was 162,500 of which 20,795 were schoolchildren in maintained schools.

The following return shows the number of schools maintained by the Brighton Education Authority and the attendance of children thereat in December, 1966:

<i>School</i>	<i>No. on register</i>	<i>Average attendance</i>	<i>Percentage of attendance</i>
SECONDARY GRAMMAR			
Varndean Grammar School for Boys ...	580	542	93.4
Varndean Grammar School for Girls ...	729	685	93.9
Westlain (Mixed) Grammar School ...	577	551	95.7
SECONDARY MODERN			
Dorothy Stringer (Mixed)	731	678	92.7
Elm Grove Girls'	248	226	90.9
Fitzherbert R.C. Voluntary (Mixed) ...	417	352	84.0
Longhill C.S. (Mixed)	690	649	94.0
Margaret Hardy Girls'	649	595	91.6
Moulseccomb (Mixed)	472	406	85.6
Patcham/Fawcett Boys'	590	525	89.1
Queen's Park (Mixed)	420	370	88.2
Stanmer (Mixed)	739	662	89.6
Whitehawk Boys'	296	252	84.7
Whitehawk Girls'	300	247	82.5
Secondary Technical School	268	251	93.6
COUNTY PRIMARY SCHOOLS			
Balfour Junior Mixed and Infants' ...	534	503	94.2
Bevendean Junior Mixed	337	313	92.8
Bevendean Infants	241	164	61.2
Carden Junior Mixed	369	333	90.3
Carden Infants'	270	230	85.3
Carlton Hill Infants'... ..	181	163	90.0
Coldean Junior Mixed and Infants' ...	414	369	88.1
Doombe Road Junior Mixed and Infants'...	357	328	91.2
Downs Junior Mixed	380	347	90.0
Downs Infants'	290	239	82.4
Elm Grove Junior Mixed	273	253	92.4
Elm Grove Infants'	192	176	91.6
Fairlight Junior Mixed	228	220	96.8
Fairlight Infants'	213	185	86.9
Hertford Road Junior Mixed and Infants'	311	277	89.0
Middle Street Junior Mixed and Infants' ...	261	216	82.6
Moulseccomb Junior Mixed... ..	593	536	90.0
Moulseccomb Infants'	396	274	69.0
Patcham Junior Mixed	322	312	96.9
Patcham Infants'	202	187	92.6
Queen's Park Infants'	158	142	89.8
Rudyard Kipling Junior Mixed	476	452	94.9
Rudyard Kipling Infants'	275	244	89.0
St. Luke's Terrace Junior Mixed	425	402	94.5
St. Luke's Terrace Infants'	202	110	90.3
Walddean Junior Mixed and Infants' ...	265	243	92.0
Wanford Road Junior Mixed	299	257	85.9
Wanford Road Infants'	179	132	73.7
Vestdene Junior Mixed and Infants' ...	366	349	95.2
Whitehawk Junior Mixed	491	455	86.3
Whitehawk Infants'	353	322	91.0
Woodingdean Junior Mixed and Infants' ...	626	563	89.9

<i>School</i>	<i>No. on register</i>	<i>Average attendance</i>	<i>Percentage of attendance</i>
VOLUNTARY PRIMARY SCHOOLS			
Central Junior Mixed and Infants' ...	105	93	88.6
Rottingdean Junior Mixed and Infants' ...	198	182	91.8
St. Bartholomew's Junior Mixed and Infants'	133	115	86.6
St. John's Junior Mixed	115	104	90.0
St. John the Baptist Junior Mixed and Infants'	324	283	87.2
St. Joseph's Junior Mixed and Infants' ...	268	143	89.0
St. Mark's Junior Mixed and Infants' ...	310	282	90.8
St. Martin's Junior Mixed and Infants' ...	109	96	88.2
St. Mary's Junior Mixed	93	88	94.2
St. Mary Magdalen Junior Mixed and Infants'	246	219	93.0
St. Paul's Junior Mixed and Infants' ...	112	99	80.9
Day Special School for E.S.N. Children ...	196	163	83.1
	20,394	18,154	89.0

Average number on registers—20,394

Average attendance —18,154

Percentage of attendance —89.2

In regard to the Nursery Schools there were at Tarner Land 4 full time and 76 half time pupils (total 42 full time) and at Whitehouse 20 full time and 4 part time (total 40 full time).

II — MEDICAL INSPECTION AND TREATMENT

Year ending 31st December, 1966

Medical Inspections of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).

A—PERIODIC MEDICAL INSPECTIONS

<i>Age groups Inspected</i>	<i>No. of pupils Inspected</i>	<i>Physical Condition of Pupils Inspected</i>			
		SATISFACTORY		UNSATISFACTORY	
		<i>No.</i>	<i>% of Col. 2</i>	<i>No.</i>	<i>% of Col. 2</i>
(1)	(2)	(3)	(4)	(5)	(6)
1962 and later	408	408	100.00	—	—
1961	1,338	1,337	99.90	1	0.10
1960	689	689	100.00	—	—
1959	205	205	100.00	—	—
1958	139	139	100.00	—	—
1957	126	126	100.00	—	—
1956	1,190	1,190	100.00	—	—
1955	636	636	100.00	—	—
1954	117	117	100.00	—	—
1953	80	80	100.00	—	—
1952	1,077	1,077	100.00	—	—
1951 and earlier	638	638	100.00	—	—
TOTALS	6,643	6,642	99.98	1	0.02

B—Other Inspections

Number of Special Inspections ...	4,015
Number of re-inspections ...	3,644
TOTAL ...	7,659

The number of children examined at periodic medical inspections was 6,643 against 6,062 in 1965.

The number of re-inspections was 3,644 against 3,506, and the number of special inspections was 4,015 against 3,954 in 1965.

The continued co-operation and collaboration of the teaching staff is gratefully acknowledged. Without this it would not have been possible to arrange the routine medical inspections.

Percentage of parents attending Medical Inspections:

	1966	1965	1964
Entrants	83.7	96.5	91.6
Intermediate	78.0	63.4	75.6
Leavers	20.3	24.1	30.2
Average	60.7	61.3	65.8

C—Pupils found to require treatment at Periodic Medical Inspections (excluding Dental Diseases and Infestation with Vermin).

<i>Age groups Inspected (by year of birth)</i>	<i>For defective vision (excluding squint)</i>	<i>For any of the other conditions recorded in Part I I</i>	<i>Total individual pupils</i>
(1)	(2)	(3)	(4)
1962			
and later	23	78	87
1961	37	285	261
1960	21	181	183
1959	13	49	59
1958	16	30	43
1957	15	19	31
1956	144	160	267
1955	76	94	156
1954	18	19	33
1953	17	12	28
1952	185	96	267
1951			
and earlier	136	36	167
TOTAL	701	1,059	1,582

The number of pupils requiring treatment or under treatment (1,582) is higher than in 1965, when the figure was 1,460.

(iii)—Incidence of Defects Found at Periodic Inspection Found to Require Treatment Per 1,000 Pupils Examined

						1966	1965	1964
Total children examined ...						6,643	6,062	6,387
Skin... ..						17.2	15.5	14.6
Eyes:								
(a) Vision						105.4	79.6	88.5
(b) Squint						13.5	21.4	21.3
(c) Other						1.8	2.6	6.7
Ears:								
(a) Hearing						18.2	23.6	22.7
(b) Otitis media						0.3	1.5	2.2
(c) Other						0.9	1.6	0.8
Nose and Throat						18.8	25.0	26.8
Speech						17.9	5.1	17.4
Lymphatic glands... ..						0.6	1.2	0.6
Heart						6.8	21.9	7.2
Lungs						8.9	5.9	7.2
Developmental:								
(a) Hernia						0.6	0.9	1.4
(b) Other						2.0	2.3	3.6
Orthopaedic:								
(a) Posture						2.7	7.5	5.2
(b) Feet						17.3	21.1	10.3
(c) Other						10.5	10.5	10.6
Nervous System:								
(a) Epilepsy						2.9	2.9	2.7
(b) Other						1.7	1.9	1.7
Psychological:								
(a) Development						2.3	0.9	0.3
(b) Other Stability						0.8	1.3	2.2
Abdomen						2.3	2.9	3.8
Other						1.7	3.1	2.3

D—Defects Found by Medical Inspection During the Year

(i)—PERIODIC INSPECTIONS

Defect or Disease					PERIODIC INSPECTIONS			Total
					Entrants	Leavers	Others	
Skin...	...	...	...	T	29	28	57	114
				O	30	43	24	97
Eyes:								
(a)	Vision	...	...	T	93	302	306	701
				O	154	46	70	270
(b)	Squint	...	...	T	62	7	21	90
				O	10	—	7	17
(c)	Other	...	...	T	5	3	4	12
				O	4	1	6	11
Ears:								
(a)	Hearing	...	...	T	55	14	52	121
				O	26	—	5	31
(b)	Otitis media	...	...	T	2	—	—	2
				O	8	—	—	8
(c)	Other	...	...	T	4	1	1	6
				O	17	1	6	24
Nose and Throat	...	...	...	T	97	13	13	123
				O	336	18	73	427
Speech	...	...	...	T	81	2	36	119
				O	95	—	14	109
Lymphatic Glands	...	...	...	T	3	—	1	4
				O	64	1	11	76
Heart	...	...	...	T	22	13	10	45
				O	26	6	12	44
Lungs	...	...	...	T	28	4	26	58
				O	76	9	35	120
Development:								
(a)	Hernia	...	...	T	4	—	—	4
				O	3	—	1	4
(b)	Other	...	...	T	8	1	4	13
				O	51	2	26	79
Orthopaedic:								
(a)	Posture	...	...	T	7	3	8	18
				O	9	15	28	52
(b)	Feet	...	...	T	46	27	52	125
				O	73	21	54	148
(c)	Other	...	...	T	32	23	15	70
				O	35	21	23	79
Nervous System:								
(a)	Epilepsy	...	...	T	5	7	7	19
				O	8	1	4	13
(b)	Other	...	...	T	5	—	6	11
				O	88	4	38	130
Psychological:								
(a)	Development	...	...	T	7	2	7	16
				O	38	15	40	93
(b)	Stability	...	...	T	3	—	2	5
				O	28	11	25	64
Abdomen	...	...	...	T	5	4	6	15
				O	18	11	32	61
Other	...	...	...	T	1	2	8	11
				O	24	13	29	66

T—Treat O—Observe

E—Number of Children Examined Other Than At Routine Medical Inspections

Pupils presented by a teacher or parent for suspected defect:							
In schools	...	...	...	...	...	...	36
In clinic	...	...	...	...	...	...	670
Other special inspections for mental and physical defects, employments, boarded-out children etc.							
	...	...	...	...	...	...	3,309
Total							4,015
Re-inspection of pupils previously found to have some defect:							
In schools	...	...	...	...	...	...	2,347
In clinic	...	...	...	...	...	...	1,297
Total							3,644

F—Prophylaxis Against Diphtheria, Tetanus and Poliomyelitis

Number of sessions:							
At school	...	...	...	...	...	...	35
At clinic	...	...	...	...	...	...	44
Number of attendances:							
At school	...	...	...	...	...	...	1,978
At clinic	...	...	...	...	...	...	761

G—Eye Diseases, Defective Vision and Squint

							<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	...						287
Errors of refraction (including squint)	...	...	...	...	...		1,562
Total							1,849
Number of pupils for whom spectacles were prescribed	...	...					638

Defective Vision:

During the year 145 sessions were held. Total number of cases dealt with was 1,562 (1965 — 1,516). There were 466 new cases (including squints) (1965 — 404). Glasses were prescribed for 638 children (1965 — 709).

H—Diseases and Defects of Ear, Nose and Throat

							<i>Number of cases known to have been dealt with</i>
Received operative treatment:							
(a) for diseases of the ear	...	...	...	...	...		47
(b) for adenoids and chronic tonsillitis	...	...	...	...	...		400
(c) for other nose and throat conditions	...	...	...	...	...		15
Received other forms of treatment	...	...	...	...	...		61
Total							523
Total number of pupils in schools who are known to have been provided with hearing aids:							
(a) in 1966	...	...	...	...	...	...	8
(b) in previous years	...	...	...	...	...	...	54

I—Cardiac Defects

Types of suspected heart defects seen during the year

	<i>Infants</i>	<i>Juniors</i>	<i>Seniors</i>	<i>TOTAL</i>
No abnormality discovered	2	—	—	2
Incidental murmur	1	4	—	5
Atrial Septal Defect	1	2	—	3
Totals ...	4	6	—	10

During the year 10 new cases were referred to Dr. Kemball Price, Consultant Cardiologist, at the Royal Sussex County Hospital, as compared with 7 in 1965. 11 re-examinations were carried out, 9 boys and 2 girls.

J—Orthopaedic and Postural Defects

	<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patients' departments	424
(b) Pupils treated at schools for postural defects	—
Total	424

K—Skin Diseases

	<i>Number of individual pupils known to have been treated</i>
Ringworm:	
(a) Scalp	—
(b) Body	—
Scabies	30
Impetigo	18
Eczema	8
Other skin diseases	
(Acne, urticaria, herpes-simplex, rashes)	105
Plantar warts	64
Other warts	46
Total	271

L—Other Treatments

Other treatment given

	<i>Number of cases known to have been dealt with</i>
(a) Pupils with minor ailments	1,190
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	1,356
Total (a)-(c)	2,546

M—Infestation With Vermin

	1966	1965
(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	59,000	57,002
(ii) Total number of individual pupils found to be infested ...	187	951
(iii) Number of instances of infestation	523	1,477
(iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act 1944) ...	55	36
(v) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act 1944) ...	3	3

N—Nurses' Inspections

Cleanliness examinations of children in schools...	...	...	59,000
Visits to school departments ... ..	...	...	1,823
Number of home visits ... ..	...	...	1,459
Number of vision tests ... ..	...	...	8,043

Number of audiology sessions:

(a) in schools ... ..	...	...	262
(b) at Sussex Street Clinic ... ..	...	...	130

Mothercraft and Health Education Talks	69
---	-----	-----	----

Child Care examinations	9
--------------------------------	-----	-----	---

Additional duties carried out during the year:

B.C.G. sessions ... ..	...	...	60
Poliomyelitis vaccination clinics ... ..	...	...	53

The Superintendent School Nurse paid 416 visits to school departments as under:

Mothercraft Talks ... ..	...	...	319
Health Education ... ..	...	...	77
Other visits ... ..	...	...	20

IV—CENTRAL AND BRANCH CLINICS

<i>Clinic</i>	<i>Times of Attendance</i>	<i>Work undertaken</i>
<i>Central School Clinic:</i> Sussex Street	Full-time	Centre of examination of special cases, ophthalmic, orthopaedic, audiology and speech clinics. Consultation, minor ailment and immunisation clinics. Routine dental treatment and dental treatment of emergency cases. General anaesthetics and dental radiography. Child Welfare appointments. Verminous treatment.
<i>Branch Medical Clinics:</i> Moulsecoomb School	Monday mornings Wednesday mornings Thursday mornings	Minor ailment and inspection clinic (Nurse only)
Whitehawk Clinic	Tuesday mornings Friday all day	Minor ailment (Nurse only)
Woodingdean School	Wednesday afternoons	Minor ailment (Nurse only)
Carden School	Monday all day	Speech Therapy
Bevendean School	Monday afternoon	Speech Therapy
Whitehawk School	Tuesday all day	Speech Therapy
Moulsecoomb School	Wednesday all day	Speech Therapy
Woodside School	Tuesday morning Thursday afternoon Friday afternoon	Speech Therapy
Balfour School	Thursday morning	Speech Therapy
Woodingdean School	Friday all day	Speech Therapy
Preston Class	Monday morning Wednesday morning Friday morning	Speech Therapy
<i>Branch Dental Clinics:</i> Carden School	Tuesday mornings Friday mornings	Emergency cases followed by appointments
Moulsecoomb School	Monday and Thursday all day Tuesday and Friday all day	Routine treatment by appointment Emergency cases followed by appointments
Whitehawk Child Welfare Centre	Monday and Thursday mornings	Emergency cases followed by appointments
Longhill School	Monday and Thursday afternoons Monday and Thursday mornings	Routine treatment by appointment Emergency cases followed by appointments

Consultation Clinics

670 children made 886 attendances at this clinic as compared with 730 children and 919 attendances in 1965.

Minor Ailment Clinics

Condition	Sussex Street			Moulsecoomb			Whitehawk			Woodingdean			Total	
	Cases	Re-exams	Total atts.	Cases	Re-exams	Total atts.	Cases	Re-exams	Total atts.	Cases	Re-exams	Total atts.	Cases 1966	Cases 1965
External Eye														
Blepharitis	16	9	25	3	8	11	3	4	7	—	—	—	22	13
Conjunctivitis	32	37	69	17	9	26	1	—	1	1	—	1	51	63
Other...	188	13	201	23	13	36	—	—	—	3	—	3	214	126
Ear:														
Earache ...	5	—	5	2	2	4	—	—	—	6	—	7	13	18
Otorrhoea ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Deafness ...	15	—	15	—	—	—	—	—	—	—	—	—	15	1
Other...	20	7	27	—	—	—	—	—	—	—	—	—	20	18
Skin:														
Ringworm—														
Scalp ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Body ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Impetigo ...	14	10	24	4	2	6	—	—	—	—	—	—	18	46
Scabies ...	19	51	70	8	2	10	—	—	—	3	1	4	30	16
Eczema ...	4	—	4	4	16	20	—	—	—	—	—	—	8	2
Other skin ...	56	57	113	39	67	106	—	—	—	—	—	—	95	147
Plantar warts	37	—	37	23	11	34	—	—	—	4	—	4	64	41
Other warts ...	42	—	42	—	—	—	—	—	—	4	6	10	46	28
Minor injuries ...	92	72	164	57	60	117	—	—	—	14	—	14	163	155
Septic sores ...	75	137	212	70	70	140	5	10	15	14	—	14	164	175
Grazes, cuts and burns...	164	60	224	39	60	99	3	22	25	2	—	2	208	258
Other ...	48	53	101	—	—	—	—	—	—	11	3	14	59	33
Total ...													1,190	1,142

		1966	1965
Number of cases treated at all Minor Ailment Clinics ...	...	1,190	1,142
Total number of attendances at all Minor Ailment Clinics ...	...	2,063	2,885

